

Case Number:	CM14-0157546		
Date Assigned:	09/30/2014	Date of Injury:	02/06/1998
Decision Date:	10/28/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Colorado. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male with date of injury February 6, 1998 returns to treating physician with continued complaints of low back pain radiating into right leg and right heel. Patient was taking Naprosyn and Soma at the time of July 2014 office visit and pain was rated 9/10 without medications and 2-3/10 with medications. Records state that this regimen works "fairly well" for patient. Lumbar radiculitis documented as ongoing diagnosis. MRI is referenced in the records, though exact date of MRI and whether it was pre-surgery or post-surgery are not clarified. MRI results summary: Disc dessication L3-L4 through L5-S1 with associated disc space narrowing, and disc bulging L4-L5 and L5-S1. Patient is status post L5-S1 hemilaminotomy and discectomy. At August 28, 2014 office visit, the treating physician indicates patient is having a flare up of his chronic back pain, unrelieved by his current regimen. Patient had tenderness and spasm in lumbar region on exam, and range of motion was limited by low back pain. Patient also exhibited a positive straight leg raise test on the right at the above visit. The treating physician documents myofascial pain syndrome as well, with "a direct relationship between the specific trigger points and its associated pain regions," and proceeded with trigger point injection using a local anesthetic and Decadron and ketorolac. The treating physician then requested retrospective approval for the injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for 1 trigger point injection (DOS 8/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Pain Interventions and Treatment Page(s): page(s) 122.

Decision rationale: Per The California MTUS Guidelines, trigger point injections are indicated for myofascial pain syndrome, using local anesthetic. (Addition of steroid to the trigger point injection is not generally recommended.)The guidelines specify 8 criteria that all must be met for injections to be appropriate, and this patient does not meet all of those criteria.Based on the records supplied, Patient does meet some of the criteria for trigger point injections: He has trigger points identified by the treating physician including a twitch response and referred pain upon palpation of the area of concern. He has had pain more than 3 months. He has not had a trigger point injection in 2 months per the records, and is not exceeding 3-4 injections in one session. However, the guidelines specify other criteria that patient either does not meet, or has no documentation to verify status: Radiculopathy is present by exam. (Radiculopathy should not be present to qualify for injection.) Records reviewed indicate patient achieved some relief with trigger point injections in the past, but do not specify the level of pain relief achieved by the previous trigger point injections. (Pain relief should be at least 50% to qualify for additional injections.)Medical management has not completely maintained patient per the records, butper the criteria in the guidelines, the requirement is that, "Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain." There is no documentation that patient is utilizing stretching exercises / physical therapy or non-steroidal anti-inflammatory drugs routinely, so medical management has not been maximized. Patient received trigger point injection with local anesthetic plus steroid plus non-steroidal anti-inflammatory drug. Per the guidelines, trigger point injections with any substance other than local anesthetic with or without steroid is not recommended.As patient does not meet several of the criteria for trigger point injections, the trigger point injection is not medically indicated.