

Case Number:	CM14-0173583		
Date Assigned:	10/24/2014	Date of Injury:	04/10/2006
Decision Date:	12/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 California. 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:

Injured worker was a 51-year old male whom experienced an industrial related injury on 04/10/06. Per office visit report dated 08/19/14, it noted the injured worker's accepted body parts were thoracic and lumbar spine plus lower extremities. He was injured during a lifting, twisting, and falling episode when a fight had ensued with a customer at his place of employment. He complained of moderate-severe back pain, gluteal area. Pain radiates to bilateral ankles, bilateral arms, bilateral calves, bilateral thighs and bilateral feet. He described the pain as an ache, burning, deep, diffuse, discomforting, dull, numbness, piercing, sharp, shooting, stabbing, and throbbing. His symptoms are aggravated by ascending stairs, bending, changing positions, coughing, daily activities, defecation, descending stairs, extension, flexion, jumping, lifting, lying/rest, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting and walking. He reported his symptoms are relieved by over the counter medication and pain medications/drugs. He had one lumbar surgery, global L5-S1 fusion. Treatment interventions included a spinal cord stimulator for his low back and legs. Upon physician examination on 08/19/14, there was tenderness to palpation of lumbar surgical/incisional scar with bands of taught muscles paraspinals which upon palpation elicited a twitch response and radiated pain into the thoracic spine and down to the sacrum, spasms in the lumbar area, paraspinals bilateral of the incision. He was continued on medications for his low back symptoms consisting of naproxen, Soma, Tizanidine, Ultram, and low back trigger point injections were recommended. Diagnoses related to the low back were failed back surgery syndrome lumbar, radiculopathy thoracic or lumbosacral, low back pain, muscle spasms, chronic pain due to trauma, and chronic lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection to Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Trigger point injections (TPIs); per ODG website

Decision rationale: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session. The request is not reasonable as there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, or that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Therefore, Trigger Point Injection to Low Back is not medically necessary.