

Case Number:	CM14-0181427		
Date Assigned:	11/06/2014	Date of Injury:	05/15/2013
Decision Date:	12/09/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 32-year-old female with a 5/15/13 date of injury. At the time (10/15/14) of the request for authorization for low back trigger point injection with ultrasound guidance x1, there is documentation of subjective (diffuse thoracic back pain and diffuse low back pain) and objective (positive facet loading bilateral T11, trigger points thoracic and lower paravertebrals) findings, current diagnoses (pain in thoracic spine and lumbago), and treatment to date (medication and physical therapy). There is no documentation of myofascial pain syndrome and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Back Trigger Point Injection with ultrasound guidance x1: 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 Trigger Point Injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon

palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of pain in thoracic spine and lumbago. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present; and no more than 3-4 injections per session. However, there is no documentation of myofascial pain syndrome and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, based on guidelines and a review of the evidence, the request for low back trigger point injection with ultrasound guidance x1 is not medically necessary.