MAXIMUS Federal Services

Case Number:	CM14-0022309		
Date Assigned:	02/26/2014	Date of Injury:	08/16/2010
Decision Date:	06/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/22/2014

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, has a subspecialty in Interventional Spine, 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:

This patient is a 45-year-old male with date of injury of 08/16/2010. Per treating physician's report on 11/04/2013, the patient presents with back pain and sciatic pain. Listed diagnoses are degenerative disk disease, spinal stenosis, and hypertension. On the current medications, he is not taking any medications. Under examination, the treater documents paraspinal spasm, trigger points at L5 sciatic right, sciatic left iliac crest, lumbar paraspinals right side, lumbar paraspinals left side. Range of motion 50% reduced. Sensory exam, abnormal, reduced in feet. Motor exam is normal. Deep tendon reflex is normal. The treating physician indicates the patient has an impression of back pain, sciatic pain, and the recommendation was for antiinflammatory modalities, therapeutic exercises as tolerated, EMG/NCV studies of lower extremities. Progress report dated 01/24/2014 has the same diagnostic impression with same physical exam findings as the other report with the chief complaints of back pain and sciatica pain. A 05/22/2013 progress report is a little more complete with the chief complaints of spondylolisthesis and low back pain. Under history, the treating physician indicates that since the injury, the patient has been complaining of pain radiating down both legs; first started in the right side then it is clearly bilateral. Tried some conservative measures without improvement. On physical exam, there is no documentation of trigger points, but motor examination showed 4/5 weakness bilateral plantar flexion, but 5/5 strength of the other muscles. Ambulation was normal. Listed diagnostics include MRI single-level disease at L5-S1, grade 1 spondylolisthesis at L5-S1 with foraminal narrowing bilaterally. Recommendation was for possible L5-S1 instrumented fusion and decompression and, for now, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS UNDER US GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with chronic low back pain with radiating symptoms to both lower extremities. The request is for trigger point injections under guidance, but unfortunately, there were no reports actually discussing the request. There is a request for authorization from 11/14/2013 for trigger point injections under ultrasound guidance to help reduce pain. For trigger point injections, MTUS Guidelines, page 122, indicates for criteria "documentation of the circumscribed trigger points with evidence upon palpation of a twitch response as well referred pain". It further states "radiculopathy is not present" by exam imaging or neuro imaging. In this patient, despite review of several progress reports, none of the examination findings document local twitch response or referred pain upon palpation. The treating physician simply states trigger points at multiple muscles. More importantly, this patient presents with significant radicular symptoms with radiating symptoms down the lower extremities with MRI demonstrating bilateral foraminal stenosis with spondylolisthesis. This patient appears to be suffering from radicular pain for which trigger point injections are not recommended. Given these findings, recommendation is for denial. The Trigger Point Injections under US Guidance is not medically necessary.