

Case Number:	CM14-0212435		
Date Assigned:	01/02/2015	Date of Injury:	01/26/2012
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

The patient is a 45 year old male who had a date of work injury 1/26/12. The patient injured his lumbar and thoracic spine while lifting a box full of car parts. He has had no surgery. The diagnoses include back pain, muscle spasms, thoracic sprain; myalgia; lumbar sprain; chronic pain due to injury and low back pain. The documentation indicates that the patient was certified for lumbar trigger points on 1/16/14 and on 10/3/14. There is a 12/1/14 progress note that states that the trigger point injections gave him one month of notable relief and he would like more. The document notes that he has had 100% reduction in reference pain. He takes Ibuprofen. On exam he has moderate to severe lumbar spasm and tender paraspinal muscles. There are circumscribed taut bands twitching upon palpation referring pain to the buttocks superiorly and laterally along the paraspinal. Reflexes, sensation and pulses are within normal limits. There is a request for trigger point injections. The patient is noted to work and has not missed any time at work. He is noted not to have trigger point injections in 7 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection (3 or more injections) to the Right High Lumbar Paraspinal Muscles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Trigger Point Injection (3 or more injections) to the Right High Lumbar Paraspinous Muscles is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that trigger point injections should be not more than 3-4 injections per session. Also there should be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The documentation is not clear that the patient sustained his pain relief from the 10/3/14 for at least 6 weeks. Furthermore, the request is for 3 or more injections and the guidelines do not recommend more than 3-4 injections per session. For these reasons the request for trigger point injection (3 or more injections) to the right high lumbar paraspinous muscles is not medically necessary.