MAXIMUS Federal Services

Case Number:	CM14-0216555		
Date Assigned:	01/06/2015	Date of Injury:	01/08/2009
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/26/2014

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 injured worker is a 42 year-old male who was injured on 1/8/09 when he fell from a six foot lander onto the first flour landing on his left side. He recently complained of chronic moderate to severe low back pain, left knee pain, and right shoulder pain. On exam, he had an antalgic gait, tender lumbar spine and paraspinal muscles with decreased range of motion, tender right shoulder with decreased range of motion, tender right knee and left elbow. MRI of lumbar spine showed disc protrusions with moderate bilateral foraminal narrowing. Electrodiagnostic testing showed right L4-5 radiculopathy. He was diagnosed with cervical sprain/strain, shoulder sprain/strain, lumbar sprain/strain, knee sprain/strain, and chronic myofascial pain. He had bilateral laminectomy and facetectomy for nerve root decompression at L4-5 and L5-S1 with complete discectomy and posterior lumbar interbody fusion with implantation of fusion cages. His treatment included medications, home exercise program, physical therapy, lumbar epidural steroid injection, and an H-wave unit. The current request is for bilateral lumbar trigger point injections, date of service 12/5/14, which was denied by utilization review on 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar trigger point injections DOS: 12/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation ODG, Pain Chapter

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

Decision rationale: The lumbar trigger point injections are not medically necessary. According to MTUS guidelines, it is not recommended for typical back pain or neck pain or radicular pain. The patient does not have documented failure from medical management therapies. He did not have documentation of the effects of different classes of medications. There is no documentation of the effect of his ESI or H-wave unit. Additionally, trigger point injections are not recommended for radiculopathy which the patient had diagnosed with electrodiagnostic testing. The patient also had no documentation of circumscribed trigger points with evidnece upon palpation of a twitch response as well as referred pain. Therefore, the request is considered not medically necessary.