

Case Number:	CM14-0089449		
Date Assigned:	07/23/2014	Date of Injury:	01/04/1991
Decision Date:	06/08/2015	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/13/2014

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 37-year-old male, with a reported date of injury of 09/24/2012. The diagnoses include lumbar/lumbosacral degenerative disc disease. Treatments to date have included oral medications, myofascial trigger points, and topical pain medications. The medical report dated 04/09/2014 indicates that the injured worker complained of back symptoms. She rated the pain 6 out of 10 at the least and 8 out of 10 at the worst. There was low back pain with radiation to the legs, buttocks, and coccyx and tingling/numbness in the feet. The physical examination of the lumbar spine showed moderate tenderness to palpation in the paravertebral musculature bilaterally, mild tenderness to the bilateral pelvic brim, moderate tenderness to the bilateral sciatic notch, and no junctional tenderness, and decreased lumbar range of motion. The treating physician requested eight trigger point injections in the paravertebral musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Trigger Point Injections in the paravertebral musculature: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Eight (8) sessions of Trigger Point Injections in the paravertebral musculature, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "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; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has back pain. The treating physician has documented moderate tenderness to palpation in the paravertebral musculature bilaterally, mild tenderness to the bilateral pelvic brim, moderate tenderness to the bilateral sciatic notch, and no junctional tenderness, and decreased lumbar range of motion. The treating physician has not documented a twitch response on physical exam, nor criteria for percentage and duration of relief from previous injections. The criteria noted above not having been met, Eight (8) sessions of Trigger Point Injections in the paravertebral musculature is not medically necessary.