

Case Number:	CM15-0001149		
Date Assigned:	01/12/2015	Date of Injury:	02/24/1995
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 62 year old male who sustained an industrial injury on 02/24/1995. He has reported pain in the lumbar region which radiates down the legs in to the toes bilaterally. The pain is rated a 6 on a scale of 10. The diagnoses have included a history of chronic pain syndrome secondary to low back pain, degenerative disc disease, myofascial pain and complex regional pain of the right lower extremity. Treatment to date has included medications of Fentanyl patch, fentanyl citrate, and Tizanidine. He is stabilized on Wellbutrin SR and Klonopin for depression and anxiety. The IW is on temporary total disability and is not working. As of the documentation on 09/04/2014, the worker has restricted range of motion of the lumbar sacral spine due to pain and exam elicits lumbar spinal, lumbar paraspinal and lumbar facet tenderness at L4-S1. There was positive lumbar facet loading, and tenderness in the thoracic spine at the paraspinal and trigger points. A request was submitted on 12/09/2014 for 1 trigger point injection. According to the UR report, on 12/01/2014, the IW had palpable muscle spasms of the cervical, thoracic and lumbar spine, more on the left than the right and a decreased range of motion in the low back. The record from 12/01/2014 is not found in the medical record. According to the UR report, the IW was treated on 02/20/2014 with trigger point injections of 0.5 Marcaine which was reported to be very helpful, but information submitted in the subsequent visit did not show evidence of an increase in function nor a decrease in pain. On 12/09/2014 Utilization Review non-certified 1 trigger point injection noting the lack of functional improvement from the last trigger point injections, and that there was no documentation of a twitch response, or referral of pain upon palpation of muscle spasms which would indicate the

presence of a trigger point. For these reasons, the IW did not meet the criteria for recommendation of a repeat trigger point injection. The MTUS Chronic Pain Guidelines, Trigger Point Injections were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection: 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: With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004)"The documentation submitted for review indicates that the injured worker was treated with trigger point injections in the past. However, there was no documentation of greater than 50% pain relief for six weeks. As the criteria is not met, the request is not medically necessary.