

Case Number:	CM15-0007526		
Date Assigned:	01/27/2015	Date of Injury:	04/11/2010
Decision Date:	03/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53 year old female who sustained an industrial related injury on 4/11/10. The injured worker had complaints of low back pain. Diagnoses included iliolumbar strain, lumbosacral strain, myofascial strain with lumbosacral disc disease, and lumbosacral disc desiccation. Treatment included trigger point injections for the trapezius muscles which provided 50% pain relief. A L4-5 and S1 transforaminal epidural steroid injections were provided on 11/14/14. Prescriptions included Norco and Nabumetone. The treating physician requested authorization for trigger point injections. On 1/6/15 the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the guidelines recommend no more than 3-4 injections per session. The request was modified to a set of 3-4 trigger point injections only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 122.

Decision rationale: In the case of this injured worker, the treating provider note from 11/14 do not document trigger points upon examination. The worker's function is not impaired significantly as the worker has preserved muscle bulk, joint contours and coordination, strength and sensation. The worker has no physical exam documentation of functional limitation and does not meet all of the following necessary criteria for the treatment of chronic low back pain: (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 medical necessity of trigger point injections is not substantiated in the records.