

Case Number:	CM15-0011421		
Date Assigned:	01/29/2015	Date of Injury:	01/05/1999
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old male who sustained an industrial injury on 01/05/1999. Diagnoses include lumbar post-laminectomy syndrome, status post L5-S1 interbody fusion in 2001, and L5-S1, grade II-III spondylolisthesis, and right lower extremity radiculopathy. Treatment to date has included medications, trigger point injections, and physiotherapy. A physician progress note dated 12/15/2014 documents since his last visit the injured worker has been experiencing an increase in his lower back pain radiating down to both lower extremities. He has pain is 8 out of 10 in intensity, which is aggravated with any type of bending, twisting and turning. He has had to increase his medications due to the increase in pain, and is requesting to be put on a stronger pain medication. He is reluctant to undergo further surgical intervention. He has increased tenderness and muscle rigidity in the lumbar musculature. Gait is antalgic and is favoring the right lower extremity. Treatment requested is for four trigger point injections. He felt 50% less pain within minutes. On 01/02/2015 Utilization Review non-certified the request for four trigger point injections, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: According to the 12/15/2014 report, this patient presents with increasing low back pain that radiates down to both lower extremities. The current request is for four trigger point injections. The patient's work status was not mentioned in the provided reports. In reviewing the provided medical records, the Utilization Review denial letter states the "provider's documentation in the 7/14 note that the patient consistently receives between 50 to 60% pain relief to his lower back following trigger point injections which last a good week." The treating physician mentions in the 12/15/2014, 11/17/2014, 10/17/2014, 09/15/2014, 07/16/2014, 06/13/2014, and 05/15/2014 reports that "the patient reported good pain relief of greater than 50% and an increased range of motion a few minutes later" after the 4 trigger point injections. Regarding repeat trigger point injections, MTUS guidelines page 122 state "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." In this case, there was document of pain relief greater than 50% lasting for about 1 month; the patient received monthly trigger point injections to the low back. Furthermore, the provided reports show that the patient has radiating pain down both lower extremities. Based on available information, the patient has radicular symptoms for which trigger point injections are not indicated. The treating physician does not document that the patient has pain relief for a least six weeks after an injection and there is no documented evidence of functional improvement as required by the MTUS. The request IS NOT medically necessary.