

Case Number:	CM15-0015271		
Date Assigned:	02/03/2015	Date of Injury:	01/25/2001
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Florida

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 is a 74 year old male, who sustained an industrial injury on January 25, 2001. He has reported a back injury. The diagnoses have included status post hardware removal secondary to lumbar fusion. He was status post laminectomy/discectomy with arthrodesis of cervical 3-4, cervical 5-5, cervical 5-6 and cervical 6-7 in 2002; laminectomy/discectomy with arthrodesis of lumbar 4-5 and lumbar s-sacral 1 in 2003; status post instability fusion of 1-2, and lumbar 2-3, posterolateral fusion of thoracic 11-lumbar 3 in 2006; and exploration of spinal fusion, removal of retained symptomatic hardware, pedicle screws of bilateral lumbar 4 and lumbar 5, pedicle stimulation of bilateral lumbar 4, laminotomy and foraminotomy of bilateral lumbar 4-5 with microdiscectomy technique, and augmentation, fusion, and re-grafting and filling bilateral pedicle holes in 2009. Treatment to date has included massage, work modifications, indwelling intra-thecal pump with pain medication, oral pain medications, muscle relaxant and antidepressant medications. On April 5, 2010, the treating physician noted continued lower back pain. The physical exam revealed restricted lumbar mobility, positive straight leg raise test, weakness in bilateral big toe dorsiflexor and plantarflexor, diminished reflexes of the knees, and absent reflexes of the ankles. There was no recent documentation of the injured worker's complaints, physical exam findings, or results of diagnostic testing in the provided. But the UR reported noted that on a 12/31/2014 office visit, there was subjective complaint of low back pain but no documentation of trigger points was not on physical examination. On January 8, 2015 Utilization Review non-certified a request for 1 lumbar trigger point injections to be done without guidance, series of 3, noting the lack of physical exam

findings consistent with two trigger point injections. There were no cited guidelines with the provided Utilization Review documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Lumbar Trigger Point Injections to Be Done Under Ultrasound Guidance, Series of 3, Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Myofascial Pain

Decision rationale: The CA MTUS and the ODG guidelines recommend that trigger points injections can be utilized for the treatment of tender myofascial taut bands that did not respond to standard treatment with PT and medications. The available medical records did not show any recent clinic evaluation or subjective and objective findings consistent with a diagnosis of myofascial pain syndrome in the lumbar area. The patient was being treated with intra-theal and oral medications for the chronic low back pain. The criteria for trigger points injections of the lumbar spine was not met.