

Case Number:	CM15-0111639		
Date Assigned:	06/18/2015	Date of Injury:	04/17/2012
Decision Date:	07/17/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 who sustained an industrial injury on 04/17/2012. Mechanism of injury occurred when he lifted a 50 pound drywall at work and he experienced acute low back and right leg pain, numbness and weakness. Diagnoses include status post lumbar surgery times two with the first surgery done on 02/13/2014 and the most recent surgery done on 11/06/2014, thoracic neuritis or radiculitis, lumbar sprain strain, myofascial pain, lumbar radiculopathy and sleep issues. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, chiropractic sessions, use of a Transcutaneous Electrical Nerve Stimulation unit, heating pad, trigger point injections, and a home exercise program. On 05/16/2012 a Magnetic Resonance Imaging of the lumbar spine revealed mild degenerative disc disease and a small right paracentral protrusion at L4-5 with mild narrowing of the right lateral recess. There is moderate degenerative disc disease with a large right paracentral herniation and mild bilateral far lateral disc/osteophyte complexes at L5-S1 with moderate right and mild to moderate left lateral recess stenosis and mild bilateral neural foraminal stenosis. A physician progress note dated 05/08/2015 documents the injured worker complains of low back pain with radiculitis to the left lower extremity. His mood has been poor and he still has anger issues. Gabapentin and topical medications are helpful and stomach is better with omeprazole. He states his surgeon would like further physical therapy and then consider a fusion. He is having more tenderness in the left side of his neck since the lumbar surgery, and has been having persistent pain in the back of his throat and is very concerned about it. He walks with an antalgic gait, and the lumbar area is tender to palpation with hypertonicity. The treatment plan included

dispensing a cane for home use and instruction in its use, requesting a Magnetic Resonance Imaging of the neck due to persistent gasping and tenderness, continuation of Naproxen, Omeprazole, Lidopro ointment, Gabapentin, and use of the Transcutaneous Electrical Nerve Stimulation unit. The injured worker received trigger point injections with this visit. Treatment requested is for Trigger point injection (possible retro).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (possible retro): 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 Page(s): 47 of 127.

Decision rationale: This claimant was injured in 2012; experience a low back lifting strain. He had trigger point injection in the past. Objective functional outcomes out of past injection are not known. Objective classical current triggering is not noted on a recent physical examination. The MTUS notes 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. Classic triggering was not demonstrated. The patient has had them repeatedly in the past without long term, objective, functional benefit. Therefore, this request is not medically necessary.