

Case Number:	CM15-0123930		
Date Assigned:	07/09/2015	Date of Injury:	08/31/2011
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 05/19/15. Initial complaints and diagnoses are not available. Treatments to date include back surgery, medications, a TENS unit, and a lumbar epidural steroid injection. Diagnostic studies include a MRI of the lumbar spine on 03/02/15, which was not available for review. Current complaints include low back pain. Current diagnoses include lumbosacral spondylosis, post laminectomy syndrome, lumbar disc displacement without myelopathy, and long-term use of medications. In a progress note dated 05/29/15, the treating provider reports the plan of care as trigger point injections at the paraspinal musculature. The requested treatments include trigger point injections at the paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, right paraspinal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (20th annual edition) ODG Treatment in Workers' Comp (13th annual edition), 2015, chapter low back.

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

Decision rationale: Trigger point injections, right paraspinal is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and that there should not more than 3-4 injections per session. The documentation does not clearly identify a twitch response. The request does not specify a location of the paraspinal muscle (cervica/thoracic/lumbar) and the request does not specify a quantity.