

Case Number:	CM15-0126476		
Date Assigned:	07/13/2015	Date of Injury:	09/24/2005
Decision Date:	08/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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, Hawaii

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 47 year old male, who sustained an industrial injury on September 24, 2005. The injured worker reported being thrown off his horse resulting in scapula, thoracic and lumbar fractures. The injured worker was diagnosed as having myofascial pain. Treatment to date has included multiple back surgeries, epidural steroid injections, trigger point injections, Transcutaneous Electrical Nerve Stimulation (TENS) unit, oral, topical and transdermal medication and magnetic resonance imaging (MRI). A progress note dated May 13, 2015 provides the injured worker complains of back pain. He reports epidural steroid injection helped but still has right side low back pain rated 2/10. Physical exam notes right sacral paraspinal tenderness and rhomboid muscles. The plan includes trigger point injections and Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections: right sacral paraspinal muscle and bilateral rhomboid major muscles x 2: 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: The patient presents with back pain. The current request is for Trigger point injections: right sacral paraspinal muscle and bilateral rhomboid major muscles x 2. The treating physician states, in a report dated 05/13/15, "I will try to get authorization for trigger point injection into right sacral paraspinal muscle and bilateral rhomboid major muscles at least for this taut muscle band." (69B) The MTUS guidelines state, "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." In this case the treating physician has not documented any twitch response or referred pain upon palpation. The MTUS criteria for trigger point injections states that all criteria must be met. The current request is not medically necessary.