

Case Number:	CM15-0126800		
Date Assigned:	07/13/2015	Date of Injury:	01/16/2013
Decision Date:	08/11/2015	UR Denial Date:	06/17/2015
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

Certification(s)/Specialty: Family Practice

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 53 year-old male who sustained an industrial injury on 01/16/13. He complained of low back pain. Initial diagnoses are not available. Current diagnoses include lumbar strain with facet hypertrophy, L4-L5 and L5-S1 intervertebral annular bulging-mild, L4-L5 and L5-S1 facet arthrosis, right L5-S1 subarticular narrowing with mild focal impingement of the exiting right L5 nerve root-mild, right lower extremity neuralgia pain related to lumbosacral facet focal compression, and pain induced depression. Treatment to date has included home exercise, physical therapy, non-steroidal anti-inflammatory medication, and muscle relaxants, all of which have failed to control the pain. In a progress note dated 04/15/15, the injured worker complains of low back pain that radiates to his lower extremities that limits activities of daily living and ability to sleep; pain is rated as a 5-7 on a 10-point analog pain scale. He has tenderness to palpation with taut bands at myofascial trigger points with twitch responses in the lumbosacral paravertebral muscles. Gait is antalgic; he has pain and continual squirming with limited weight bearing in a sitting position. Plan of care and treatment request includes trigger point Injection Left Lumbar Muscles, every 6-8 weeks for 18-24 weeks. The injured worker is under temporary total disability. Date of Utilization Review: 06/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Left Lumbar Muscles, every 6-8 weeks for 18-24 weeks: 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 Trigger point injections Page(s): 121-122.

Decision rationale: According to the MTUS guidelines, 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. In this case, while the request for trigger point injection is supported, the request for injections to be provided every 6-8 weeks for 18-24 weeks is not supported. As noted by the MTUS guidelines, "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." The request for Trigger Point Injection Left Lumbar Muscles, every 6-8 weeks for 18-24 weeks is therefore not medically necessary and appropriate.