

Case Number:	CM15-0126821		
Date Assigned:	07/13/2015	Date of Injury:	01/14/2013
Decision Date:	08/10/2015	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: 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 32 year old male, who sustained an industrial injury on 1/14/13. The injured worker has complaints of constant low back pain that radiates to both legs right greater than left and is associated with numbness. The documentation noted on examination positive tenderness to palpation in lumbar paraspinal muscle, talks in fast pace, increased spasms and has decreased range of motion. The diagnoses have included lumbar degenerative disc disease; lumbosacral or thoracic neuritis and myofascial pain. Treatment to date has included gabapentin; tramadol; lidopro topical cream; cyclobenzaprine; home exercise program; chiropractor treatment; transcutaneous electrical nerve stimulation unit; H wave and status post spine surgery in March 2014. The request was for trigger point injections x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 47.

Decision rationale: This claimant was injured in 2013 with chronic low back pain and subjective right more than left numbness. The documentation noted on examination positive tenderness to palpation in lumbar paraspinal muscle, increased spasms and has decreased range of motion. No classic trigger points are described. The diagnoses have included lumbar degenerative disc disease; lumbosacral or thoracic neuritis and myofascial pain. The claimant is post spine surgery in 2014. The request is for trigger point injections. 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 in this IMR. The request is not medically necessary.