

Case Number:	CM15-0128606		
Date Assigned:	07/16/2015	Date of Injury:	11/10/2009
Decision Date:	08/12/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, 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 63 year old male, who sustained an industrial injury on 11/10/09. The injured worker has complaints of low back pain, leg pain, hip pain and buttocks pain. The documentation noted that myofascial trigger point is noted in the lumbar paraspinal muscles left greater than right. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included knee surgery; home exercise program; Norco; naproxen; Vicodin; magnetic resonance imaging (MRI) of the lumbar spine from December 2013 showed disc desiccation at L3-4-4-5 and S1 (sacroiliac), facet hypertrophy at L4-5, mild-to-moderate degenerative disease is noted along the entire lumbar. The request was for six ultrasound guided repeat myofascial trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six ultrasound guided repeat myofascial trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the request was also for ultrasound-guided injections, which is not indicated or justified. The claimant had undergone therapy and exercises along with medications, which provide more lasting benefit. Therefore, the request for lumbar trigger point injection is not medically necessary.