

Case Number:	CM15-0149697		
Date Assigned:	08/12/2015	Date of Injury:	05/06/1999
Decision Date:	10/13/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 44 year old female who reported an industrial injury on 5-6-1999. Her diagnoses, and or impression, were noted to include: chronic pain syndrome; lumbago; disc disorder of the lumbar region; post-lumbar laminectomy syndrome; and long-term use of medications with Opioid-type dependence, continuous use. No current imaging studies were noted. Her treatments were noted to include: lumbar "SCS" with 75% relief and with a stated decrease in use of medications; a home exercise program; moist heat therapy; and medication management with toxicology screenings. The pain management progress notes of 5-5-2015 reported complaints of chronic and stable back and neck pain that was unchanged since her last visit. She reported that her pain was rated an 8 out of 10, was associated with numbness, tingling and weakness, was made worse by activities and made better by medications; that she was awaiting her spinal cord stimulator implant; that Flexeril did not help; and that her pain prevented her from taking part in recreational and social activities. The objective findings were noted to include: no acute distress; an intrathecal pump to the right lower quadrant of the abdomen; multi-level cervical tenderness with facets; and bilateral multi-level lumbar Spurling's; and decreased sensation in the cervical-7 dermatome of the left arm. The physician's requests for treatments were not noted to include 1 outpatient trigger point injection (TPI) for lumbago. No Request for Authorization for 1 outpatient trigger point injection (TPI) for lumbago was noted in the medical records provided. The Utilization Review of 7-16-2015 non-certified the request for 1 outpatient trigger point injection (TPI) for lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injections (TPI), submitted diagnosis lumbago (low back pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 1 trigger point injection, submitted diagnosis lumbago (low back pain) is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic pain syndrome; opiate type dependence, continuous use; lumbago; other and unspecified disc disorder lumbar region; cervicalgia; other and unspecified disk disorder cervical region; and other syndromes affecting cervical region. Date of injury is May 6, 1999. According to a July 17, 2015 progress note, the injured worker's subjective complaints are ongoing, chronic back pain, neck pain and global joint pain. The injured worker states symptoms have worsened over the previous three months. The injured worker is requesting a trigger point injection. Objectively, there is no physical examination evidence of circumscribed trigger points with evidence upon palpation of a twitch response. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation demonstrating objective evidence of circumscribed trigger points with a twitch response, 1 trigger point injection, submitted diagnosis lumbago (low back pain) is not medically necessary.