

Case Number:	CM15-0172871		
Date Assigned:	09/15/2015	Date of Injury:	03/11/2003
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on March 11, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having low back pain and sacroiliac pain. Treatment to date has included diagnostic studies, medication, physical therapy and injections. A sacroiliac joint injection provided greater than 75% relief, allowing him to stand and sit for longer intervals. Trigger point injections were noted to offer him one week of "excellent" pain relief. His Zanaflex medication was noted to be effective in reducing muscle spasms by 30%-50%, improving activity tolerance with fewer spasms and improved rest at night. On August 7, 2015, the injured worker complained of lower backache rated as a 6 on a 1-10 pain scale with medications and as a 10 on the pain scale without medications. His quality of sleep was noted to be poor and he was currently not trying any other therapies for pain relief. The injured worker was noted to walk with a right sided antalgic gait. The treatment plan included trigger point injections, Norco, Zanaflex and a follow-up visit. On August 26, 2015, utilization review denied a request for one trigger point injection to the right hip. A request for one trigger point injection to the lumbar paravertebral muscles was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trigger point injection to the right hip: 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 rationale: The claimant has a remote history of a work injury occurring in March 2003 and continues to be treated for low back pain. A trigger point injection in January 2015 is referenced as providing one week of excellent pain relief. When seen, pain was rated at 5/10 with medications. He was having a lower backache. Physical examination findings included a slow and antalgic gait. There was decreased lumbar spine range of motion. There was paravertebral muscle spasm with tenderness and tightness with a trigger point with twitch response and radiating pain. Lumbar facet loading was negative. There was bilateral sacroiliac joint tenderness. Fabere and Gaenslen tests were positive. There was a positive Fortin finger sign. There was decreased left shoulder range of motion with positive impingement testing and tenderness. There was decreased right lower extremity strength and sensation with decreased ankle reflex. Positive left straight leg raising is documented. A trigger point injection procedure was performed. Four trigger points were injected. The claimant reported that after the injection there had been no effect at all on his pain level. However, he reported being satisfied with the procedure. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the claimant had physical examination findings of radiculopathy with decreased lower extremity strength, sensation, and ankle reflex with positive straight leg raising. A trigger point injection was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the claimant had only one week of pain relief after the trigger point injection in January 2015. The repeat trigger point injection was not medically necessary for this reason as well.