

Case Number:	CM15-0173909		
Date Assigned:	09/15/2015	Date of Injury:	06/11/2010
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 64 year old female with an industrial injury dated 06-11-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine right sided radiculopathy, lumbar disc protrusion, lumbar facet hypertrophy, chronic myofascial pain and acute muscle spasms. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine dated 06-28-2015, prescribed medications, right lumbar epidural injection at L4-S1 on 5-18-2015, right Lumbar epidural steroid injection (ESI) on 02-09-2015, and periodic follow up visits. In a progress report dated 03-03-2015, records indicated that the injured worker underwent a lumbar epidural steroid injection (ESI) to the right L5-S1 on 2-09-2015. The injured worker reported that she had 80% relief of her back pain before tightness and pain started to return. In a more recent progress report dated 07-13-2015, the injured worker reported improvement of approximately 70% from lumbar epidural steroid injection (ESI) on the right L4-S1 that lasted two to two and half weeks. The injured worker reported that she was able to decrease her tramadol, however the pain returned and she was back to baseline. The injured worker reported burning pain down the right lower extremity to the foot and some left sided burning sensation. According to the progress note dated 07-21-2015, the injured worker reported neck pain, lumbar spine pain, and right knee pain. Records (7-21-2015) indicate that the injured worker reported constant lumbar spine pain, reduced range of motion and pain with radiation to the right lower extremity. Lumbar spine exam revealed tenderness to palpitation over the bilateral L5-S1 midline to S3, right sciatic, bilateral posterior thigh, bilateral posterior calves and notch. Positive Tinel's testing and a right obturator nerve at approximately ¼ of the thigh were

also noted on exam. The treatment plan consisted of trigger point injections due to increased pain in her lower back. The treating physician prescribed services for retrospective: trigger single injection - low back x 1 (Date of service: 07-21-2015), now under review. Utilization Review determination on denied the request for retrospective: trigger single injection - low back x 1 (Date of service: 07-21-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Trigger Single Injection - Low Back x 1 (DOS: 07/21/2015): 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 sustained a work injury in June 2010 and continues to be treated for radiating neck and radiating low back pain and right knee pain. When seen, there was lumbar spine tenderness. There was right sciatic notch, posterior thigh, and bilateral posterior calf tenderness. There was a positive Tinel's at the right obturator nerve. There was right knee tenderness with a slight effusion and crepitus. There was an antalgic gait. A right thigh trigger point injection near the obturator nerve was performed. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain in either the thigh or low back is not documented. The trigger point injection is not medically necessary.