

Case Number:	CM15-0174688		
Date Assigned:	09/16/2015	Date of Injury:	12/16/2011
Decision Date:	10/26/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on December 16, 2011, incurring low back injuries. She was diagnosed with lumbar disc disease, and lumbar radiculopathy. Treatment included physical therapy, epidural steroid injection, pain medications, proton pump inhibitor, topical analgesic ointment, muscle relaxants, anti-inflammatory drugs, steroid injections, and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating down into her left leg rated 8 out of 10 with medications on a pain scale from 1 to 10 and without pain medications 10 out of 10. Her increased lower back pain interfered with her activities of daily living included household chores and self-care. She had difficulty sleeping secondary to the persistent pain. She noted consistent pain when sitting or standing for prolonged periods of time. The treatment plan that was requested for authorization on August 31, 2015, included retrospective (July 9, 2015) trigger point injections for the lumbar spine. On August 3, 2015, a request for retrospective trigger point injections was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injections (lumbar paravertebral) left, quantity of four (DOS-7/9/2015): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Trigger Point Injections.

Decision rationale: The 60 year old patient complains of lower back pain, rated at 8/10 with medications and 10/10 without medications, along with poor quality of sleep, as per progress report dated 07/09/15. The request is for retrospective trigger point injections (lumbar paravertebral) left, quantity of four (DOS- 7/9/2015). The RFA for this case is dated 07/24/15, and the patient's date of injury is 12/16/11. Diagnoses, as per progress report dated 07/09/15, included low back pain, lumbar radiculopathy, and lumbar disc disorder. Medications included Tylenol with codeine, Prevacid, Lidocaine, Nucynta, Atenolol, Cyclobenzaprine, Hydrochlorothiazide, Lipitor and Glipizide. The patient is working full time, as per the same progress report. ODG Pain chapter, under Trigger Point Injections, has the following: Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of 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. In this case, the patient has received in trigger point injections in the past. An injection was given during the 06/11/15 visit as four palpable trigger points were found on palpation. The patient also received TPI during the 05/14/15 visit as two palpable trigger points were found at that time. The treater states these procedures were well tolerated. The current request is for an injection that was performed on 07/09/15. Physical examination of the lumbar spine revealed tenderness to palpation in the paravertebral musculature along with limited range of motion, as per progress report dated 07/09/15. The treater also states that four palpable trigger points were identified by palpation. The injection "had a moderate effect on pain level. Post-injection pain level was mild (1-3/10)." Given the chronic pain and the trigger points, the request appears reasonable and IS medically necessary.