

Case Number:	CM15-0178520		
Date Assigned:	10/07/2015	Date of Injury:	05/07/2010
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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 49 year old female, who sustained an industrial-work injury on 5-7-10. She reported initial complaints of back pain. The injured worker was diagnosed as having displaced lumbar intervertebral disc and thoracic lumbar neuritis-radiculitis. Treatment to date has included medication, chiropractic treatment, home exercise program, facet blocks on 10-30-14. MRI results were reported on 8-30-13 new tiny focal disc protrusion in the right sub-articular zone with posterior annular tear with mild narrowing of the entire aspect of the right exit foramen without any nerve root compression or canal stenosis. Currently, the injured worker complains of low back pain and right lower extremity pain along with medial right knee pain. Current medication included Neurontin, Norco, and Glucosamine. Per the primary physician's progress report (PR-2) on 8-18-15, exam noted tenderness with palpation to right upper lumbar paraspinals, local spasm, referred pain to the ipsilateral-gluteal fossa, S1 provocation, straight leg raise painful and restricted flexion, tenderness to right medial quad, not tenderness of the patella, and tenderness to right greater trochanter. The Request for Authorization requested service to include TPI (trigger point injection) Thoracic Paraspinal. The Utilization Review on 9-2-15 denied the request for TPI (trigger point injection) Thoracic Paraspinal, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPI (trigger point injection) Thoracic Paraspinal: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Based on the 8/18/15 progress report provided by the treating physician, this patient presents with right-sided upper lumbar spine pain radiating to the ipsilateral hemipelvis, right knee pain around the patella, rated 7/10 without medications and 4/10 with medications. The treater has asked for TPI (trigger point injection) thoracic paraspinal on 8/18/15. The patient's diagnoses per request for authorization dated 8/19/15 are displaced lumbar intervertebral disc, UNS thoracic/lumbar neuritis/radiculitis, issue repeat prescriptions. The patient is s/p physical therapy, trigger point injections with unspecified benefit per 8/18/15 report. The patient has a new right lateral calf burning pain since a right L3-4 epidural steroid injection per 7/17/15 report. The pain seems to have resolved as patient has no subsequent radiating proximal right lower extremity pain per 8/18/15 report. The patient is s/p radiofrequency ablation which did not give much relief per 5/28/15 report. The patient is currently out of work, and unable to accommodate modified duty per 8/18/15 report. MTUS Guidelines, Trigger Point Injections section, page 122 states: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with 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; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Review of the reports show the patient has had prior trigger point injections of unspecified date and unspecified benefit. The patient has a diagnosis of displaced lumbar intervertebral disc and thoracic/lumbar neuritis/radiculitis with ongoing radicular symptoms in right lower extremity. MTUS recommends trigger point injections only for myofascial pain syndrome and not for radicular pain. Although the treater documents tenderness to palpation of right upper lumbar paraspinals per 8/18/15 report, there is no diagnosis of myofascial pain. Additionally, the patient presents with radicular symptoms for which trigger point injections are not indicated. Therefore, the request is not medically necessary.