

Case Number:	CM15-0179745		
Date Assigned:	09/22/2015	Date of Injury:	08/22/2007
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 22, 2007. In a utilization review report dated September 8, 2015, the claims administrator failed to approve a request for trigger point injections while approving a request for Norco. An RFA form dated August 31, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated September 14, 2015, the attending provider apparently sought authorization for Voltaren Gel and Norco. The attending provider also contended the claims administrator had failed to appropriately reimburse him for various office visits. The attending provider also stated that he was intent on pursuing trigger point injection therapy. The attending provider contended that previous trigger point injections had produced 50% pain relief in the past. The note was very difficult to follow. It was not stated whether the applicant was or was not working. On an RFA form dated September 14, 2015, authorizations for Voltaren Gel and a nurse case manager were sought. On August 31, 2015, the applicant reported ongoing issues with "sciatica," myofascial low back pain, bilateral knee pain, and insomnia. The applicant was using Naprosyn, Norco, and Voltaren Gel, it was reported. 7-8/10 pain complaints were noted. The attending provider acknowledged the applicant's low back pain radiated to the left leg. The attending provider contended that a previous trigger point injection had proven successful in ameliorating the applicant's pain complaints by 50%. The applicant's work status was not, however, stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, Bilateral Lower Paravertebral Muscles, Qty 2: 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: No, the request for trigger point injections is not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain, as was seemingly present here on or around the date in question, August 31, 2015. The applicant reported ongoing complaints of low back pain radiating to the left leg, 7-8/10, it was acknowledged on that date. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat trigger point injections would be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status was not clearly detailed on August 31, 2015, suggesting that the applicant was not, in fact, working. The applicant remained dependent on opioid agents such as Norco, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier trigger point injections in unspecified amounts over the course of the claim. Therefore, the request for repeat trigger point injection is not medically necessary.