

Case Number:	CM15-0024069		
Date Assigned:	02/13/2015	Date of Injury:	07/15/1991
Decision Date:	04/03/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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 47 year old female who sustained an industrial injury on 07/15/1991. She has neck, low back, and arm and leg pain. Diagnosis is lumbago, lumbar spondylosis, and lumbar facet pain. Treatment to date has included medications, physical therapy, and epidural injections. A physician progress note dated 12/15/2014 documents the injured worker has pain in her neck, low back, arms and legs and numbness and tingling in the lower legs. Her pain in her low back has gotten worse, and the numbness and tingling goes into the right buttock and second and third digits of the right foot which was not there before. Her right leg also feels weaker. Her pain is an 8 to 10 out of 10. She has decreased sensation to light touch in the first and second toes on the right side and the first toe on the left side. She has a positive slumps testing on the right side with referred pain down the right calf. A Magnetic Resonance imaging of the lumbar spine done on 11/14/2014 reveals a nearly normal Magnetic Resonance Imaging for a person of this injured workers age. However there is some mild to moderate foraminal narrowing bilaterally at L4-L5 related to congenital short pedicles. There is also a suggestion of some nerve root abutment within the foramina, no definite nerve root imprint or impingement is identified. Treatment requested is for 3 Trigger point injections to the low back area, once a week times 3 weeks, outpatient. On 01/07/2015 Utilization Review non-certified the request for 3 Trigger point injections to the low back area, once a week times 3 weeks, outpatient, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Trigger point injections to the low back area, once a week times 3 weeks, outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with neck pain, low back pain, pain in the arms and legs with numbness and tingling in the lower legs. The current request is for 3 TRIGGER POINT INJECTIONS TO THE LOW BACK AREA, ONCE A WEEK TIMES 3 WEEKS, OUTPATIENT. Physical examination revealed decreased sensation to light touch, positive slumps testing on the right with referred pain down the right calf and EHL weakness at 4/5. The treater recommends trigger point injections in the low back, as the patient has significant pain and myofascial cramping. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger-point injections, "Recommended only for myofascial pain syndrome and limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, recommendation cannot be made as the patient has radiating symptoms and MTUS recommends TPIs when radiculopathy is not present. Furthermore, there is no evidence of "twitch response" or taut bands as required by MTUS. The requested lumbar TPI is not medically necessary.