

Case Number:	CM15-0047843		
Date Assigned:	04/14/2015	Date of Injury:	04/11/2006
Decision Date:	05/14/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 44-year-old female who sustained an industrial injury on 04/11/06. Initial complaints and diagnoses are not available. Treatments to date include an epidural steroid injection, and medications. Diagnostic studies include a MRI. Current complaints include low back pain with radicular symptoms. Current diagnoses are not available. In a progress note dated 01/22/15 the treating provider reports the plan of care as trigger point injections on the day of service, a MRI of the lumbar spine, and continued medications including naproxen and omeprazole. The requested treatments are trigger point injections in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The MTUS Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs. The documented examinations suggested the presence of trigger points, but details were not recorded. Further, there was no recent documentation of many of the above criteria. For these reasons, the current request for a trigger point injections to the unspecified locations in lumbar spine region is not medically necessary.