

Case Number:	CM15-0065054		
Date Assigned:	04/13/2015	Date of Injury:	01/01/2010
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/06/2015

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, California
 Certification(s)/Specialty: Family Practice

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 64-year-old female, who sustained an industrial injury on 1/01/2010. Diagnoses include lumbalgia, chronic spinal pain lumbar 17mm disc injury L5-S1 per patient report, likely facet disk injury, potentially SI, cervical likely facet and disc, and mid thoracic spinal pain thoracic disk, facet injury. Treatment to date has included diagnostics, medications, physical therapy and injections. Per the Primary Treating Physician's First Report dated 2/23/2015, the injured worker reported low back pain rated as 7/10 that radiates down to LE. Physical examination of the neck revealed pain to palpation over C3-4, C4-5 and C5-6 facet capsules and bilateral secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears bilaterally, positive Spurling's maneuver and pain with Valsalva. Thoracic exam revealed pain with Valsalva, positive pain to deep inspiratory effort, pain to palpation over the T4-5, T5-6 and T7-8 spinous processes bilaterally and pain with extension, possibly indicative of discogenic thoracic pain. Straight leg raise test is positive on the left at 34 degrees bilaterally with pain radiating to the left buttock and right buttock, posterior thigh, medial leg, lateral leg, posterior calf and heel. The plan of care included medications and injections were administered. Authorization was requested on 2/26/2015 for 6 trigger point injections received on 2/23/2015. The medication list include Oxycotin, Zoloft, Propranolol, and Lasix.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Trigger Point Injections (retrospective 2/23/15): Upheld

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

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

Decision rationale: Request: 6 Trigger Point Injections (retrospective 2/23/15). MTUS Chronic Pain Guidelines regarding Trigger point injections state, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: “(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.” The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. Per the Primary Treating Physician's First Report dated 2/23/2015, the injured worker reported low back pain rated as 7/10 that radiates down to LE. Physical examination of the neck revealed positive Spurling's maneuver and pain with Valsalva. The patient has had positive Straight leg raise test on the left at 34 degrees bilaterally with pain radiating to the left buttock and right buttock, posterior thigh, medial leg, lateral leg, posterior calf and heel. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The medical necessity of the request for 6 Trigger Point Injections (retrospective 2/23/15) is not fully established in this patient. The treatment is not medically necessary.