

Case Number:	CM15-0071710		
Date Assigned:	04/21/2015	Date of Injury:	01/20/2001
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 was a 64 year old female, who sustained an industrial injury, January 20, 2001. The injured worker previously received the following treatments home exercise program, Norco, Cymbalta, Neurontin, Lidoderm Patches, lumbar spine MRI and transforaminal epidural steroid injection. The injured worker was diagnosed with lumbar radiculopathy, lumbar disc bulge L4-L5 and L5-S1 and status post transforaminal epidural steroid injection with moderate relief, myofascial dysfunction with triggers and HPN (herniated nucleus pulposus) of the lumbar spine at L4-L5 and L5-S1. According to progress note of October 1, 2014, the injured worker was status post lumbar transforaminal injection at bilaterally L5-S1, on September 8, 2014, with 90% pain relief in low back and 80% relief in legs. The injured worker had decreased medication use by 75%. The injured worker had increase in activity level and endurance. The progress note of February 4, 2015, the back pain was increasing. The physical exam noted positive straight leg raises. There was decreased sensation at bilateral L5 with positive trigger points. On March 3, 2015, the primary treating physician requested trigger point injections times 2 to the bilateral L5 with decreased range of motion. The treatment plan included trigger point injections at times 2 bilaterally L-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections times 2 to bilateral L5: Upheld

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

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

Decision rationale: Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet Trigger Point Injection criteria. Patient does not have a diagnosis of myofascial pain syndrome. Patient has known history of radiculopathy and other causes for chronic back pain. There is no documentation of actual trigger points and documentation of radicular pain. There is no justification or rationale documented for Trigger Point Injections but the provider or documentation of long term plan. Trigger point injection is not medically necessary.