

Case Number:	CM15-0072527		
Date Assigned:	04/22/2015	Date of Injury:	02/06/1998
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old male, who sustained an industrial injury on 02/06/1998. The initial complaints and diagnoses were related to the low back injury. Treatment to date has included conservative care, medications, conservative therapies, trigger point injections and lumbar surgery. Currently, the injured worker complains of chronic low back pain with increased muscle spasm and radiating symptoms into the left leg. There were objective findings of tenderness of the lumbar paraspinal muscles and positive straight leg raising test. The motor, sensory and reflex tests was noted to be normal. The diagnoses include history of right L5-S1 hemilaminectomy and discectomy, right L3-4 herniated nucleus pulposus, lateral recess stenosis, and foraminal stenosis with broad-based disc bulging at L3-4 with annular tear. The treatment plan consisted of 1 trigger point injection to the lumbar region. The medications listed are gabapentin, Naprosyn and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger Point Injection: 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 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medication and PT have failed. Trigger points injections is utilized for the treatment of intractable muscle spasm with tender taut bands that did not respond to conservative treatment. The records indicate that the subjective complaint is radicular low back pain. There are no objective findings of intractable tender taut bands of the lumbar paraspinal muscles. The patient reported efficacy with utilization of the pain medications. The criteria for 1 trigger points injections was not met, therefore the request is not medically necessary.