

Case Number:	CM15-0074272		
Date Assigned:	04/24/2015	Date of Injury:	06/26/2003
Decision Date:	05/27/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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(n) 65 year old male, who sustained an industrial injury on 6/26/03. He reported pain in the lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, myofascial pain, lumbar spondylosis and insomnia. Treatment to date has included acupuncture, physical therapy, home exercise program and pain medications. On 2/9/10, the injured worker rated his pain 2/10 following the lumbar injections he received. As of the PR2 dated 3/25/15, the injured worker reports some relief in his lower back pain following acupuncture sessions, however, he still has tightness and spasticity of the lumbar paraspinals and piriformis. He is working full-time without restrictions. The treating physician noted decreased forward flexion of the lumbar spine due to spasticity. The treating physician requested trigger point injections in the lumbar paraspinals x 6 using ultrasound. The medication listed is Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

One set of trigger point injections, total of 6 using ultrasound: 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 9792.24.2 Page(s): 122. 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 PT and medications have failed. The records indicate significant pain relief with utilization of home exercise program and pain medications. The pain scores were consistently rated at 1-3/10. There is a co-existing diagnosis of insomnia. The guidelines recommend that anticonvulsant and antidepressant medications be utilized in chronic pain patients with a history of co-existing psychosomatic symptoms including insomnia. The medications are also indicated in chronic myofascial pain syndrome. The request is not medically necessary.