

Case Number:	CM14-0140327		
Date Assigned:	09/10/2014	Date of Injury:	01/18/2008
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 29-year-old female was reportedly injured on 1/18/2008. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 8/4/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine range of motion is 75% of normal. There is minimal tenderness to palpation along the lumbar paraspinal muscles and sacroiliac regions. Majority of the tenderness is in the right lower lumbar paraspinal muscles overlying the SI joint. No recent diagnostic studies were available for review. Previous treatment includes lumbar surgery, medications, injections, physical therapy, acupuncture, and conservative treatment. A request had been made for trigger point injection of the lumbar spine x 3; it was denied in the pre-authorization process on 8/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine trigger point injections x 3: 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 of 127.

Decision rationale: The California MTUS guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months, and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Based on the information provided, this request is not considered medically necessary.