

Case Number:	CM14-0156991		
Date Assigned:	09/29/2014	Date of Injury:	04/29/2011
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 35-year-old male with a 4/29/11 date of injury. At the time (8/27/14) of the request for authorization for trigger point injections for the lumbar region/muscles, x 3, as an outpatient, there is documentation of subjective (having trouble ambulating, he is having some slight increased pain going into the groin and upper thigh but notes no significant weakness) and objective (ambulating with a significantly antalgic gait, significant anterior pelvic tilt, mild positive straight leg raise with full extension of the left leg versus the right, significant trigger points in the left multifidus, left quadratus lumborum, and left iliocostalis lumborum, all at the L2-3 level) findings, current diagnoses (lumbar postlaminectomy, traumatic arthropathy, and myofascial pain), and treatment to date (trigger point injections with diminished pain by 40-50% for 5 months). There is no documentation of evidence of functional improvement after previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for the lumbar region/muscles, x 3, as an outpatient: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbar postlaminectomy, traumatic arthropathy, and myofascial pain. In addition, given documentation of trigger point injections with diminished pain by 40-50% for 5 months, there is documentation that greater than 50% pain relief obtained for six weeks after an injection and injections not at an interval less than two months. However, there is no documentation of evidence of functional improvement after previous injections. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections for the lumbar region/muscles, x 3, as an outpatient is not medically necessary.