

Case Number:	CM14-0031613		
Date Assigned:	06/20/2014	Date of Injury:	04/20/2002
Decision Date:	11/12/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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. 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, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 54 year old male who sustained a work-related injury on 4-20-2002. Medical record documentation on 2-11-14 revealed the injured worker was being treated for lumbago, lumbar degenerative disc disease, lumbar radiculitis, ankle enthesopathy, sacralgia and myositis. He reported lumbar pain and right ankle pain. He rated his pain a 6 on a 10-point scale (6 on 1-8-14) and had increased his medications to two hydrocodone. He reported a 50% pain relief from his medications. He reported continued severe restricting pain in the lumbar spine and right ankle. His medications included Norco 10-325 mg, Zanaflex 4 mg, and Tramadol 50 mg. Objective findings included lumbar flexion to 30 degrees, extension to 15 degrees, and bilateral rotation to 20 degrees. He had tenderness with range of motion. He had tenderness to palpation in the bilateral erector spinae, tenderness over the lumbar facet joints bilaterally. A seated root test was negative bilaterally. He had full motor power of the bilateral lower extremities. He had a positive Faber's and compression test with pain over the bilateral sacroiliac joints. An MRI of the lumbar spine on 1-9-14 revealed interval decompression surgical changes at L3-4 with left hemilaminectomy and restoration of adequate central dimensions; no significant disc herniation or foraminal stenosis. On 2-28-14 the Utilization Review physician determined one series of three trigger point injections under ultrasound to the sacral region as an outpatient was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) series of three (3) Trigger Point Injections under ultrasound to the sacral region, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant was injured now 13 years ago. There was degenerative lumbar disease, and ankle pain. No classic trigger points are described. The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was not demonstrated. Exhaustion of other treatment is not documented. The patient has had them repeatedly in the past without long term, objective, functional benefit. The request is appropriately non-certified, not medically necessary.