

Case Number:	CM13-0002920		
Date Assigned:	07/02/2014	Date of Injury:	06/30/2009
Decision Date:	07/30/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64 year old male who reported an injury on 06/30/2009. The injured worker complained of pain to bilateral knees, left foot/ankle pain rated at 3-5/10 on the VAS pain scale, and constant pain to lower back. The injured worker complained of having trouble performing activities, including not being able to stand longer than one hour. On physical examination dated 04/04/2013 there was tenderness of the lateral tarsometatarsal (TMT) joints and arch of the left foot. The injured worker's diagnoses included knee chondromalacia patella, knee medial meniscus tear, joint pain left leg and lumbago. The injured worker's medication was Ambien, Flector patch, Norco, and Celebrex. The injured worker's treatments/diagnostics were physical therapy, and surgery of the left foot and ankle fusion of the first and second tarso-metatarsal joint. The treatment plan is for injection of diagnostic or therapeutic substance including anesthetic, antispasmodic, opioid, other solution, not including neurolytic substances including needle or catheter placement. The request for authorization form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT: 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 Trigger Point Injections Page(s): 122.

Decision rationale: MTUS Guidelines indicate, trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, and are not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a Corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger point injections are not recommended for typical back pain or neck pain. Guidelines state that the criteria for 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, nonsteroidal anti-inflammatory drugs (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 steroids are not recommended. The injured worker complained of pain to lower back , and there are physical therapy progress notes on the left ankle and foot as per guidelines, but there was no supporting documentation of physical therapy, stretching exercises, NSAIDs, or muscle relaxants failure to control pain. In addition the request does not specify the location for the injection to be placed. As such, the request is not medically necessary.