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| Case Number: | CM13-0010919 | | |
| Date Assigned: | 09/26/2013 | Date of Injury: | 03/24/2006 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 07/31/2013 |
| Priority: | Standard | Application Received: | 08/14/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in New York and Texas. 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 physician 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 patient is a 49-year-old male who reported an injury on 03/24/2006 with the mechanism of injury being the patient fell off a roof onto his knees. The patient was noted to have multiple muscle spasms and multiple trigger points. The diagnoses were noted to include myofascial pain and complex regional pain syndrome (CRPS), left lower extremity. The request was made for trigger point injection times 10 sites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection x 10 sites: 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 Section Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS Guidelines recommend trigger point injections for myofascial pain when there is a documentation of a circumscribed trigger point with evidence upon palpation of a twitch response and referred pain. The clinical documentation submitted for review failed to provide the employee had documented trigger points as well as a twitch response and referred pain. The physical examination indicated the employee had several spasms

bilaterally with multiple trigger points; however, failed to address the above criteria. Given the above, the request for trigger point injections times 10 sites is not medically necessary