

Case Number:	CM13-0011696		
Date Assigned:	09/30/2013	Date of Injury:	08/04/2000
Decision Date:	01/14/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

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 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 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.

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 underlying date of injury in this case is 08/04/2000. Treating diagnoses include lumbosacral spondylosis, lumbosacral disc degeneration, lumbago, lumbosacral neuritis, sciatica, and muscle spasm. An initial physician review notes that this patient is a 61-year-old woman who was seen in followup 06/11/2013 complaining of pain in the left back radiating to the left leg and posterior leg as well as the lumbar spine. The patient was noted to have a remote history of a lumbar fusion and also was noted to have had about 3 sessions of physical therapy without improvement yet. The prior review noted that there was no documentation to circumscribe trigger points, and there was overall not a rationale for outpatient trigger point injection, and thus the request is not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection: 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): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Trigger Point Injections, page 122, lists numerous criteria for trigger point injections, including "Documentation of circumscribed trigger points with evidence upon palpation of a twitch

response as well as referred pain...Radiculopathy is not present...Medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS, and muscle relaxants have failed to control pain." In this case, the medical records do not indicate that this patient has completed initial medical management therapy. The records do not document circumscribed trigger points consistent with the guidelines. The patient also is noted to have symptoms of radiculopathy. For these reasons, the patient fails to meet multiple criteria for trigger point injection treatment, and the records do not provide an alternate rationale as an exception. This request is not medically necessary.