

Case Number:	CM13-0014920		
Date Assigned:	10/07/2013	Date of Injury:	02/09/2000
Decision Date:	01/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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. 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 61-year-old male who reported an injury on 02/09/2000. The mechanism of injury was not provided for review. The patient was conservatively treated with medications and physical therapy. The patient underwent an EMG/NCV that provided evidence of chronic S1 right sided radiculopathy. The patient continued to have chronic pain. The patient's most recent physical exam findings included diffuse tenderness and 1 very specific muscle spasm in the lower lumbar musculature on the left hand side causing extreme pain with palpation. A local twitch response was elicited against the band. The patient also had a positive bilateral straight leg raising test. The patient's diagnoses included lumbago, lumbosacral radiculitis, chronic pain, and congenital fusion of the spine. The patient's treatment plan included a trigger point injection and continued medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection x1 lt pain management: 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: The clinical documentation submitted for review does provide evidence that the patient has a trigger point that is identified by a twitch response. The MTUS Chronic Pain Guidelines recommend the use of trigger point injections when there are documented trigger points, symptoms have persisted for longer than 3 months, the patient has failed to respond to other therapies, and there is no documentation of radiculopathy present by exam, imaging, or neural testing. The clinical documentation submitted for review does indicate that the patient had an electrodiagnostic study that indicated the patient had chronic radiculopathy. Also, the most recent clinical evaluation did provide evidence that the patient had a positive straight leg raising test. As there is evidence of radiculopathy, trigger point injections would not be supported by guideline recommendations. The request for outpatient trigger point injection times 1 on the left for pain management is not medically necessary and appropriate.