

Case Number:	CM13-0019029		
Date Assigned:	11/08/2013	Date of Injury:	11/05/1997
Decision Date:	07/29/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 60-year-old female with a reported injury on 11/05/1997. The mechanism of injury was not provided. The injured worker had an exam on 08/01/2013. The injured worker had complaints of low back pain with radiation down to the right buttocks and lower extremity. Her lumbar range of motion exam revealed that she had 60 degrees of flexion to the right it was 10 degrees and to the left also 10 degrees, her extension was 5 degrees. The injured worker had decreased sensation to bilateral lower extremities to light touch. Her lumbar motor exams were a 5/5. The injured worker's medications consisted of Activella, citalopram, enteric coated Naprosyn, Lidoderm 5%, and omeprazole. Her diagnoses included lumbar spine disc degeneration and myofascial pain syndrome. Her recommendations are to have trigger point injections to the right gluteus medius. The Request for Authorization was signed and dated for 08/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION - RIGHT GLUTEUS MEDIUS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The California MTUS Guidelines do recommend trigger point injections along with documentation of the trigger points with evidence upon palpation of a twitch response as well as referred pain. There is no such evidence of a twitch response. The guidelines also do suggest that the symptoms have to be persistent for over 3 months and there is no documentation on how long the symptoms have been. The guidelines recommend injections if on-going therapy, such as stretching exercises, physical therapy and NSAIDS and muscle relaxants have failed to control the pain. There is no documentation on pain management or pain assessment. There also is a lack of evidence of the efficacy of the medications. Therefore, the request for the trigger point injection is not medically necessary.