

Case Number:	CM13-0019095		
Date Assigned:	12/11/2013	Date of Injury:	03/27/1993
Decision Date:	01/30/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	09/03/2013

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, has a subspecialty in Interventional Spine, 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 66 year old male with a date of injury of 3/27/93. Based on notes from a visit on 7/5/13 provided by [REDACTED], the patient's diagnoses are myofascial pain syndrome, herniated disc syndrome, cervical strain/sprain, lumbar sprain/strain, tremor, brain injury, depressive disorder and insomnia. [REDACTED] is the requesting provider, and he provided treatment from 2/4/13-7/5/13. According to visit notes from 7/5/13, the patient complained of spasm and tenderness in the levator scapulae, rhomboid and lateral lower thoracic paraspinous muscles bilaterally, as well as tenderness and spasm in the left quadratus lumborum. The patient has had multiple trigger point injections (TPI) involving the trapezius, post cervical, thoracic, lumbosacral paraspinous regions, as well as periscapular regions, and bilateral sacroiliac joints. A report from 6/5/13 indicates, "Patient finds the TPIs helpful," and the patient was in for follow up and TPI's. A report from 4/26/13 also has trigger point injections with recommendations to continue TPI's which the patient tolerates well. Examination findings only show tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the Sacroiliac region as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS Chronic Pain Guidelines require documentation of trigger points that include palpation of taut band that triggers with local twitch response. For repeat injections, the Guidelines indicate a 50% reduction of pain lasting at least 6 weeks should be documented. In this patient, trigger points are not documented on examination. Only palpatory tender spots are noted. There also is lack of documentation that these injections are reducing pain by 50% and lasting 6 weeks or more. Consequently, the request for trigger point injection for the Sacroiliac region as an outpatient is not medically necessary and appropriate.