MAXIMUS Federal Services

Case Number:	CM13-0035777		
Date Assigned:	12/13/2013	Date of Injury:	06/09/2008
Decision Date:	05/16/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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 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 patient is a 29 year old male who was injured on 06/09/2008. The mechanism of injury is unknown. Progress note dated 09/26/2013 documented the patient to have complaints chronic lower back pain, proximal leg weakness, buttock weakness, radiating pain down both legs, worse on left, significant pain the right buttock and piriformis areas as well as the spinal cord injury related to L4 burst fracture. His pain level is 3/10. Objective findings on exam of the skin revealed he does have bilateral area on the posterior lower back just above the beltline where protruding hardware and screws, there is fluid collection along both heads of the screws. He has a slight limp, but this is overall improved today. Impression: Chronic low back pain related to L4 burst fracture, status post fusion from L3-L5 along with cage placement at L4 level, SI joint fusion, Spinal cord injury related to L4 burst fracture, Post-laminectomy syndrome with lower extremity par paresis, Presumed scarring over the L4 level due to burst fracture and post-laminectomy syndrome, Right buttock pain, right posterolateral thigh pain, likely from piriformis syndrome, Postural dysfunction related to forward flexed posture leading to excessive strain on the quadriceps and decreased gluteus medius strength, hamstring strength and gait instability, Neurogenic bladder, largely under control, History of right foot surgery, Bilateral knee pain, likely related to posture and leg weakness and early arthritis, Bilateral WSI joint pain, erectile dysfunction. Plan: The patient has tenderness to palpation of the right posterolateral leg and buttock region. There is some deferred pain down the posterolateral leg. I am requesting authorization for right buttock trigger point injection. He has had benefit in the past performed by [redacted]; the patient will continue the current medication regimen. He will be continued on Oxycodone and morphine sulfate. He does take Opana ER occasionally. We will trial this again to see if it helps, I would not recommend surgery at this time. Progress note dated 10/17/2013 revealed the patient still continues to have tenderness to palpation along the buttock

region with maximum tenderness around the piriformis region. There is no radiation of pain, at least with deep palpation. There is some radiation occasionally at rest down the right posterolateral thigh but does not currently extend past the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT BUTTOCK TRIGGER POINT INJECTIONS X2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

Decision rationale: Patient does not meet the above strict criteria. However, he is severely injured and being treated with heavy opioids. This intervention may decrease his opioid usage and is low risk. When I consider the risk, benefits and alternatives, therefore triggers point injections in this patient warrant a deviation from the guidelines and is medically necessary.