MAXIMUS Federal Services

Case Number:	CM13-0035786		
Date Assigned:	12/13/2013	Date of Injury:	10/13/2006
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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:

This patient sustained an injury after picking up a subwoofer on 10/13/06. Request under consideration include trigger point injections (DOS: 9/25/13). The patient has been P&S. Medical care has included therapy, specialty consults, medications, diagnostics, and interlaminar epidural steroid injections. Report of 9/25/13 from [redacted] noted patient with pain across his back. He has been reducing Norco; gets occasional panic attacks and is seeing a psychiatrist. The patient missed appointment for epidural and has had improvement with TPI and Toradol in the past. Exam showed decreased cervical spine ROM, palpable muscle spasm across neck and trapezius muscles; decreased lumbar spine range; sensation in left L4 and associated positive femoral stretch test on left. Plan included continuing Norco, Valium and Trigger point injections today. Request for TPIs were non-certified on 10/7/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (DOS: 9/25/13): 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 Page(s): 122.

Decision rationale: This patient sustained an injury after picking up a subwoofer on 10/13/06. Request under consideration include trigger point injections (DOS: 9/25/13). The patient has been P&S. Medical care has included therapy, specialty consults, medications, diagnostics, and interlaminar epidural steroid injections. Report of 9/25/13 from [redacted] noted patient with pain across his back. He has been reducing Norco; gets occasional panic attacks and is seeing a psychiatrist. The patient missed appointment for epidural and has had improvement with TPI and Toradol in the past. Exam showed decreased cervical spine ROM, palpable muscle spasm across neck and trapezius muscles; decreased lumbar spine range; sensation in left L4 and associated positive femoral stretch test on left. Plan included continuing Norco, Valium and Trigger point injections today. The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The trigger point injections (DOS: 9/25/13) is not medically necessary and appropriate.