

Case Number:	CM13-0046110		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2011
Decision Date:	03/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 claimant is a 64 year old gentleman with reported date of injury of 4/11/2011 when slipped off a ledge while moving luggage. The diagnoses are listed as lumbar spine spondylosis, cervical spine spondylosis, and right shoulder impingement. The medical records record a PR-2 from 10/15/2013 completed by [REDACTED] with [REDACTED]. The patient was reported to have ongoing right shoulder and low back pain with increasing numbness in the legs and feet. In regard to the lumbar spine examination, there was reduced range of motion for flexion, extension, right and left lateral bending, and right/left rotation. There was no indication of focal muscle spasm or trigger points on examination of the lumbar spine area. There is an 11/11/13 PR-2 by [REDACTED]. At that visit, the claimant noted ongoing pain in the right shoulder and low back. There was no physical examination findings reported regarding the lumbar spine on that date. The diagnoses were listed as lumbar disc herniations with foraminal stenosis and facet arthropathy of L3, L4, L5, and S; multilevel cervical disc herniations with central and foraminal stenosis of C2-3 and C6-7; and right shoulder rotator cuff tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The series of four trigger point injections to the lumbar spine: Upheld

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

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

Decision rationale: The medical records provided for review do not document the presence of circumscribed trigger points on physical examination, that the trigger points have persisted more than 3 months, and that medical management therapies such as ongoing stretching exercise, physical therapy, NSAIDS, or muscle relaxants have failed to control the pain. In the absence of demonstration of trigger points on physical examination, the medical records provided for review do not support the administration of trigger point injections congruent with the chronic pain treatment guidelines.