

Case Number:	CM13-0051259		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2004
Decision Date:	02/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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:

Claimant is a 42-year-old male who was involved in a motor vehicle accident 1/14/2004. He had an L1 anterior inferior endplate fracture and subsequently developed mid low back and right leg pain associated with chemical radiation to right L5-S1, S/P L1 anterior endplate fracture. Claimant failed initial conservative treatment. On June 25 2007, [REDACTED] performed a Tunneled Intra-theal Catheter placement , which resulted in fractional gain and return to work. In August 2011 the claimant began to have recurrent pain, secondary to a pump leakage, which was treated with a pump replacement on January 31, 2012. Claimant developed a right hip pain after the pump replacement surgery. On August 28, 2013, [REDACTED], while not really clear on the diagnosis, found a marked tenderness over the medial aspect of his right hip, which appeared to have a myo-fascial component. [REDACTED] ordered six sessions of myofascial therapy/deep tissue massage or injection for the hip and back, On 9/11/13 , [REDACTED], utilization reviewer, did not certify the request as there was no documentation of myofascial findings and no documentation of a prior trial of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant meets some criteria for trigger point injection or treatment, such as persistent pain of more than three months after the last pump revision surgery, and he failed steroid injection and physical therapy. However, while [REDACTED] indicated a finding of myo-fascial component. I agree with utilization reviewer [REDACTED] findings of no specific description of the lumbar / right hip myofascial component on the examination. A more detail description of trigger points or myofascial finding is needed to determine the medical necessity.