

Case Number:	CM13-0053948		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 38-year-old male who reported injury on October 17, 2012. The injury occurred when the injured worker was going up a ladder carrying a piece of equipment and a piece of plywood when the ladder shifted, causing the injured worker to fall off the ladder from a height of 10 feet. The injured worker received treatment including physical therapy and a sacroiliac (SI) joint injection, and an intra-articular right hip injection on February 12, 2013. However, it was indicated through documentation that the injured worker had a 5% to 10% improvement, and injections were not repeated. The diagnosis included lumbar/lumbosacral disc degeneration. The diagnoses included low back pain, cervical pain, and lumbar degenerative disc disease. The original request was dated September 23, 2013. Physical examination revealed the injured worker had bilateral tenderness and pain with range of motion. This injured worker's straight leg raise was negative in both the sitting and supine position. The injured worker had a normal sensory examination, normal motor function, no focal defects, and normal deep tendon reflexes. The request was made for trigger point injections to help reduce pain. It was indicated in the past; the injections had helped for greater than 50% pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two trigger point injections for Sacroiliac Joint and Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome however, they are not recommended for radicular pain. The criteria for trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms must have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present. There are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Clinical documentation submitted for review failed to provide documented circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was a lack of documentation indicating the injured worker had failed medication management therapies. It was indicated the patient had a 50% relief for 6 weeks after the injection. However, there was a lack of documentation of the injured worker's functional improvement. Given the above, the request for two (2) trigger point injections for the sacroiliac joint and hip is not medically necessary.