

Case Number:	CM13-0055771		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2002
Decision Date:	04/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

This is a 50 year-old female who was injured on 7/30/2002. She has been diagnosed with lumbar post laminectomy syndrome; colon cancer from 1992. According to the 10/3/13 report from [REDACTED], she presents with 10/10 pain mid and low back, crying and upset, in for medication refills, and states the TFESI did not work. The plan was to increase her Fentanyl patch to 75mcg, and she was provided an injection of Hydromorphone and Ketorolac tromethamine. On 11/5/13 [REDACTED] UR recommended non-certification for a trigger point injection on 10/15/13. There is a 10/13/13 report from the internal medicine department at [REDACTED]; there is a PR2 from [REDACTED] signed on 10/15/13; but none of the reports describe trigger point injections. The 10/30/13 report from [REDACTED] also does not mention trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Trigger Point Injections: Upheld

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 Page(s): 122.

Decision rationale: The patient presents with low back pain/lumbar post laminectomy syndrome. UR recommended non-certification for trigger point injections (TPI) on 10/15/13. The medical records provided including [REDACTED] 10/3/13 and 10/30/13 reports, [REDACTED] 10/14/13 and [REDACTED] 10/13/13 reports (signed 10/15/13) do not mention exam findings of trigger points, and do not request or discuss TPIs. MTUS requires documentation of trigger points on physical exam prior to performing TPIs. In this case, there are no exam findings of trigger points. The request is not in accordance MTUS guidelines.