

Case Number:	CM13-0064548		
Date Assigned:	01/03/2014	Date of Injury:	03/03/2005
Decision Date:	08/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury 03/03/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 11/11/2013 indicated diagnoses of localized osteoarthritis of the lower leg, chondromalacia patella and lumbosacral spondylosis without myelopathy. The injured worker reported increased pain in the bilateral knees. She described her pain as aching and throbbing, rated 4/10. The injured worker reported the pain was constant and lasted throughout the day. The injured worker reported the pain was exacerbated by bending, carrying, coughing, crouching, driving, lifting, walking, and weather changes. The injured worker reported the pain was relieved by heat massage medicines and ice. The injured worker reported difficulty sleep due to pain and felt that her relationship with others was affected by her pain due to withdrawal and depression. The injured worker was able to tolerate sitting, standing, and walking for 20 to 25 minutes. The injured worker was able to dress, groom, and shop with the difficulty; however, was unable to complete required assistance bathing and cleaning. The injured worker's prior treatments included diagnostic imaging, hyalgan injections, and medication management. The injured worker's current medication regimen included Terocin lotion, Lidoderm patch, Motrin, trazodone and Celebrex. The provider submitted a request for a trigger point injection provided on 11/11/2013. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TRIGGER POINT INJECTION PROVIDED ON 11/11/2013: Upheld

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

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

Decision rationale: The request for a trigger point injection provided on 11/11/2013 is not medically necessary. The CA MTUS guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. The documentation submitted did not indicate the injured worker had a trigger point injection on 11/11/2013; however, it did indicate a hyalgan injection to the right knee. In addition, there was lack of circumscribed trigger points upon palpation of a twitch response as referred pain. Moreover, it was not indicated how long the injured worker had symptoms. Additionally, there is no evidence in the documentation provided of exhaustion of conservative therapy such as NSAIDs and physical therapy. Additionally, the request did not indicate a site for a trigger point injection. Therefore, the request for a trigger point injection provided on 11/11/2013 is not medically necessary.