

Case Number:	CM13-0064554		
Date Assigned:	01/03/2014	Date of Injury:	03/03/2005
Decision Date:	05/12/2014	UR Denial Date:	12/04/2013
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 Occupational Medicine, 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back and bilateral knee pain with an industrial injury date of March 3, 2005. Treatment to date has included medications, acupuncture, physical therapy, chiropractic treatment, intra articular knee injections, and trigger point injections, which provided 40-60% relief. Utilization review from December 4, 2013 denied the request for 1 trigger point injection because there were no objective findings that would have indicated trigger point injections to any region as a guideline supported treatment. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of frequent and constant dull achy, sharp, stabbing pain across the lower back, which was aggravated by prolonged sitting, standing, and walking. She also had locking and giving away of both knees, which was aggravated by prolonged sitting, standing, walking, and going up and down the stairs. Functional tolerance and activities of daily living were improved. On physical examination, there was limitation of motion of the lumbar spine and trigger points were palpated in the lumbar paraspinal muscles. There was crepitus with passive range of motion of the knee and there was trace effusion. The patient had no sensory deficits. Deep tendon reflexes were not elicitable at the ankle bilaterally. Muscle strength was 4-/5 on knee flexion and extension, ankle plantarflexion and dorsiflexion, inversion, and eversion. There was negative straight leg raise, femoral stretch, Patrick's or Faber's tests. SI joint compression and Slump tests were positive. There was positive McMurray's test on both knees. Gait was slightly antalgic on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRIGGER POINT INJECTION FOR DOS 11/18/2013: 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 Page(s): 122.

Decision rationale: According to page 122 of the Chronic Pain Medical Treatment Guidelines, the criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per sections. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections. In this case, although trigger points were identified during physical examination, there was no discussion regarding failure of medical management. Moreover, the number of trigger points were not documented. Furthermore, the patient previously underwent trigger point injections and was documented to have 40-60% pain relief but the duration of effect was not specified. The guidelines have not been met; therefore, the request for a trigger point injection is not medically necessary.