

Case Number:	CM13-0067205		
Date Assigned:	06/09/2014	Date of Injury:	05/12/2003
Decision Date:	08/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/17/2013

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, and is licensed to practice in Illinois. 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 78-year-old male who reported an injury on 05/23/2003. The mechanism of injury was the injured worker had hot metal fall in the injured worker's left ear while he was welding. Documentation of 12/04/2013 revealed the injured worker had neck pain, back pain, and bilateral knee pain. Examination of the cervical spine revealed the injured worker had trigger points and spasms in the cervical spine and the examination of the lumbar spine revealed the injured worker had tenderness and trigger points and spasms around L4-5 and L5-S1 bilaterally. The diagnoses included status post right knee arthroscopic debridement from medial and lateral meniscus tears and chondromalacia; lumbar degenerative joint disease and herniated nucleus pulposus at L5-S1 with radiculopathy; cervical degenerative joint disease and degenerative disc disease; left knee post traumatic arthritis; status post arthroscopic debridement which included lateral meniscectomy, chondroplasty, and synovectomy of the right knee; status post right knee total replacement; osteoarthritis of the hip; and left knee total replacement. The treatment plan included 1 cc of Celestone and 3 cc of Xylocaine and Marcaine into the 2 trigger points areas in the cervical spine and the lumbar spine giving temporary relief. Additionally, the treatment plan was renewal of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 TRIGGER POINT INJECTION TO THE LUMBAR SPINE W/ICC CELESTONE & 3CC XYLOCAINE & MARCAINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TRIGGER POINT INJECTIONS.

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

Decision rationale: The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There should be documentation that symptoms have persistent for more than 3 months. There should be documentation that medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. The clinical documentation submitted for review failed to meet the above criteria. While there was documentation the injured worker had trigger points, there was a lack of documentation indicating the injured worker had myofascial pain and there was a lack of documentation of evidence upon palpation of a twitch response and referred pain. Additionally, there was not enough documentation indicating the injured worker had symptoms that had persisted for more than 3 months and medical management therapies had failed. There was no objective physical examination to support the injured worker did not have radiculopathy. Given the above, the request for 2 trigger point injections to the lumbar spine with 1 cc Celestone and 3 cc Xylocaine and Marcaine is not medically necessary.

2 TRIGGER POINT INJECTIONS TO THE CERVICAL SPINE W/1CC CELESTONE & 3CC XYLOCAINE & MARCAINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TRIGGER POINT INJECTIONS.

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

Decision rationale: The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. The criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There should be documentation that symptoms have persistent for more than 3 months. There should be documentation that medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. The clinical documentation submitted for review failed to meet the above criteria. While there was documentation the injured worker had trigger points, there was a lack of documentation indicating the injured worker had myofascial pain and there was a lack of documentation of evidence upon palpation of a twitch response and referred pain. Additionally, there was a lack of documentation indicating the injured worker had symptoms that had persisted for more than 3 months and medical management therapies had failed. There was no objective physical examination to support the injured worker did not have radiculopathy. Given the above, the request for 2 trigger point injections to the cervical spine with 1 cc Celestone and 3 cc Xylocaine and Marcaine is not medically necessary.

TRANSPORTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments).

Decision rationale: The Official Disability Guidelines indicate that transportation to and from appointments is recommended for medically necessary appointments in the same community for injured workers with disabilities preventing them from self-transport. There was not enough documentation indicating the injured worker had disabilities preventing him from self-transport. Additionally, the request as submitted failed to indicate the duration of the request, the quantity of sessions that were being requested, and the types of visit (s) transportation was being requested for. Given the above, the request for transportation is not medically necessary.