MAXIMUS Federal Services

Case Number:	CM13-0069504		
Date Assigned:	01/15/2014	Date of Injury:	04/19/2010
Decision Date:	04/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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 Arizona. 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 a 49-year-old male who suffered a work-related injury on 4/19/10. He was pushing a dumpster uphill when he slipped and fell. Subsequently, he has been diagnosed with cervical and lumbar pain along with cervical and lumbar spondylosis. He also suffers from back pain, hip and leg pain. The patient has been treated with physical therapy and medications including opiates as well as epidural injections. Acupuncture has also been attempted with success. He has also received hip injection and a transcutaneous electric nerve stimulation (TENS) unit has also been used. MRI in 2010 showed spondylosis at L5-S1 with facet arthropathy, foraminal stenosis and disc osteophyte complex. Electromyography (EMG/NCV) of the lower extremities was negative. He has previously undergone right hip arthroscopy. Trigger point injections were recommended by the treating physician on 10/31/13 but were not approved by the reviewer on 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Trigger point injections x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger Point Injections

Decision rationale: Trigger point injections are recommended for myofascial pain syndrome with limited lasting value. Recent systemic reviews came to the conclusion that the efficiency of trigger point injections was no more certain than it was a decade ago. Specific trigger points should be present with twitch response. Trigger point injections should be performed only if other types of treatments have failed. Radiculopathy should not be present. This patient's description of pain and lack of specific trigger points did not qualify for trigger point injections.