

Case Number:	CM14-0000408		
Date Assigned:	01/10/2014	Date of Injury:	09/10/1996
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Sports Medicine and is licensed to practice in Texas. 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 67 year old female who reported an injury on 10/10/1995. The mechanism of injury was not submitted. The clinical note dated 11/25/2013 reported the injured worker complained of ongoing back, hip and mid back pain. The physical examination reported the injured worker had mild to moderate lumbosacral pain radiating to both legs triggered by lifting, and bending. The treatment included hot packs, ice packs, exercises, and trigger point injections to the L5, right and left sciatic and the iliac crest. The injured worker's medication regimen included Carisoprodol, Ibuprofen, Lexapro, Lyrica, and Naproxen. The request for authorization was submitted on 11/27/2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS WITH ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: The request for Trigger Point Injections with Ultrasound Guidance is not medically necessary. The California MTUS Guidelines state trigger point injections with a local

anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); Not more than 3-4 injections per session. Based on the clinical information provided there is a lack of documentation to clearly identify the injured worker has met the required criteria for this treatment. The most recent clinical visit was a follow up to back pain and hip pain with mild to moderate lumbosacral pain radiating to both legs triggered by lifting, and bending. There was no evidence, upon physical examination to include myofascial pain, twitch response or referred pain. Furthermore, the documentation failed to provide evidence the injured worker has failed to gain relief from muscle relaxants, NSAIDs, stretching exercises and physical therapy. In addition, the request fails to provide the quantity and location of the requested trigger point injections. Therefore, the request for Trigger Point Injections with Ultrasound Guidance is not medically necessary.