

Case Number:	CM14-0001081		
Date Assigned:	01/22/2014	Date of Injury:	07/25/2012
Decision Date:	06/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

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 & 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 40 year old female who reported an injury on 07/25/2012 due to an unknown mechanism. The clinical note dated 12/16/2013 indicated diagnoses of lumbar sprain, thoracic sprain, myofascial pain, and history of diabetes. The injured worker reported mid and low back pain that radiated to her lower extremities with numbness. She rated her pain at 3/10. The injured worker reported the trigger point injections improved radicular symptoms. Injured reported she tolerated previous trigger point injection well. On physical exam, there was tenderness to palpation to the left parascapular with hypertonicity. The injured worker's medication regimen included Lidopro cream and Advil. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION LUMBAR SPINE #3: 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 injection lumbar spine #3 is not medically necessary. The injured worker was diagnosed with lumbar sprain, thoracic sprain, myofascial pain, and history of diabetes. The California Chronic Pain Medical Treatment Guidelines state no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; Frequency should not be at an interval less than two months. The guidelines also indicate trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroids are not recommended. There is inadequate documentation of percentage of pain relief after the previous injection. Furthermore, there is lack of evidence in the documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. In addition, the injured worker has evidence of radiculopathy. Therefore, per the California Chronic Pain Medical Treatment Guidelines the request Trigger Point injection lumbar spine #3 is not medically necessary.