MAXIMUS Federal Services

Case Number:	CM14-0002609		
Date Assigned:	01/29/2014	Date of Injury:	08/20/2013
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery 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 62 year old female whose date of injury is 08/20/13. The mechanism of injury is described as slipping on a hospital gown. The patient did not fall, but in attempting to stay on her feet she twisted and turned on her left knee. She began to notice pain in the lower back region radiating to the left hip and lower extremity. Progress report dated 12/04/13 indicates that the injured complains of worsening cervical spine pain radiating to the bilateral upper extremities with numbness and tingling and grip loss. She has ongoing lumbar spine pain radiating to the bilateral lower extremities with numbness and tingling to the left foot. On physical examination there is tenderness and spasm over the suboccipital muscles, trapezius muscles, levator scapula muscles and paravertebral musculature bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Graff Radford, 2004) (Nelemans Cochrane, 2002) (Goldenberg, 2004).

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

Decision rationale: Based on the clinical information provided, the request for trigger point injections is not recommended as medically necessary. The submitted records fail to document circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by California Medical Treatment Utilization Schedule guidelines prior to the performance of trigger point injections. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. California Medical Treatment Utilization Schedule guidelines require documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain.