MAXIMUS Federal Services

Case Number:	CM14-0004920		
Date Assigned:	01/24/2014	Date of Injury:	09/13/2010
Decision Date:	05/29/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 28 year old male with a date of work injury 9/13/2010. His diagnoses include lumbar degenerative disc disease, lumbosacral or thoracic neuritis, cervical sprain/strain neck, and cervical radiculitis. His treatment has included medication management, a home exercise program, TENS use, heat therapy, and lumbar epidural steroid injections. Under consideration are requests for 1 trigger point injection in left par thoracic musculature. An MRI cervical spine performed on 5/19/11 revealed mild prominence left facet joints C3-C4, C4-C5 causing mild left sided foraminal narrowing, no apparent nerve joint impingement, 1-2 mm broad based disc osteophyte complex with minimal prominence right uncovertebral joint at C5-C6 causes mild right sided foraminal narrowing. A MRI of the lumbar spine Final Determination Letter for IMR Case Number CM14-0004920 3 performed on 5/19/11 revealed a broad based protrusion with annular tear at L5-S 1 resulting in mild right sided mild to moderate foraminal narrowing with no apparent nerve root impingement. An EMG performed on 8/1/12 revealed positive left sided C6 radiculopathy however C5 and C7 involvement could not be excluded. A lower extremity EMG performed on 9/2/11 revealed electrodiagnostic evidence consistent with left sided lumbar radiculopathy L5. There is a 1/16/14 primary treating physician report which states that patient's low back pain is 4/10. The urine lab results were reviewed. There was recommendation for follow up with PCP and continue home exercise program. Objective findings indicate that patient's mood is appropriate. Patient was to return to modified work on 1/16/14. A 12/1 9/1 3 primary treating physician report states that the patient reported mid back pain, occasional gastric irritation, and dysuria with a burning sensation greater than one year. Examination findings reveal included tenderness to palpation of the right par thoracic area and a normal gait. He appeared alert and oriented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRIGGER POINT INJECTION IN LEFT PARATHORACIC MUSCULATURE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: 1 trigger point injection in the left parathoracic musculature is not medically necessary per the MTUS guidelines.The MTUS Chronic Pain Treatment Guidelines recommend trigger points for myofascial pain without radicular symptom. The documentation does not reveal evidence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical exam. The request for 1 trigger point injection in the left par thoracic musculature is not medically necessary.