

Case Number:	CM14-0103418		
Date Assigned:	07/30/2014	Date of Injury:	11/10/2006
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 55 year old male whose date of injury is 11/10/2006. The mechanism of injury is described as a fall off a roof. Treatment to date includes subtalar joint arthrodesis in 2008 and cortisone injection into the right medial calcaneal tubercle on 11/26/13. Follow up note dated 02/13/14 indicates that the injured worker complains of back pain, sciatic pain and right ankle pain. Follow up note dated 05/27/14 indicates that the injured worker is improved with injections. On physical examination there is mild swelling of the right ankle. Examination of the lumbar spine revealed paraspinal spasm. Range of motion is 25% reduced. Sensory exam is abnormal. Motor exam and deep tendon reflexes are normal. The injured worker underwent trigger point injections on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for two ultrasound guided trigger point injections at L5: Upheld

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

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

Decision rationale: The submitted records indicate that the injured worker underwent trigger point injections on 12/27/12, 11/25/13 and 03/25/13. The submitted records fail to document at least 50% pain relief for six weeks after prior injections as required by CAMTUS guidelines prior to the performance of repeat trigger point injections. Therefore, the request is not in accordance with CAMTUS guidelines, and medical necessity is not established.