

Case Number:	CM14-0107654		
Date Assigned:	08/04/2014	Date of Injury:	12/08/1999
Decision Date:	09/22/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/11/2014

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 Texas and Ohio. 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 52-year-old female who reported an injury on 12/08/1999. The injury reported was when the injured worker was sitting in a chair when the back collapsed. The diagnoses included lumbar or lumbosacral disc degeneration, cervical disc degeneration, thoracic or lumbosacral neuritis or radiculitis, cervicgia, obesity, depressive disorder, chronic pain syndrome, pain in joint of pelvic region, pain in joint at multiple sites, myalgia and myositis, sleep disturbances. The previous treatments included medication and epidural steroid injections. The diagnostic testing included an electromyography (EMG) and an MRI. Within the clinical note dated 06/20/2014, it was reported the injured worker complained of neck pain; low back and bilateral lower extremity pain. The injured worker described her pain as aching and a lancinating sensation with discomfort. Upon the physical examination, the provider noted the injured worker appeared neurologically intact without apparent gross deficiencies. The provider requested trigger point injections x 3. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECT TRIGGER POINTS 3/>: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122. The Expert Reviewer's decision rationale: The request for injection 3 trigger points is not medically necessary. The California MTUS Guidelines recommend "lumbar trigger point injections for myofascial pain syndrome with limited lasting value and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome when all the following criteria are met, including: the documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; the symptoms have persisted for more than 3 months; medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; no more than 3 to 4 injections per session." There is significant lack of documentation of medical management therapy, such as ongoing stretching, exercises, physical therapy, NSAIDs, and muscle relaxants to have failed to control pain. The provider failed to document an adequate and complete physical examination demonstrating the injured worker had neurological deficits, such as decreased sensation or motor strength. There is lack of documentation indicating the injured worker had evidence of a twitch response, as well as referred pain. Therefore, the request is not medically necessary.