

Case Number:	CM14-0012887		
Date Assigned:	02/24/2014	Date of Injury:	07/31/2007
Decision Date:	08/05/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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 and is licensed to practice in Nevada. 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 42-year-old male was reportedly injured on July 31, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 23, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Lidoderm patches, Ultram, Fexmid, and gabapentin. The physical examination demonstrated restricted range of motion of the lumbar spine due to pain. There were muscle spasms and tenderness along the paravertebral muscles along with trigger points with a twitch response. Additional sessions of therapy were recommended and Fexmid was refilled. Previous treatment includes aquatic therapy and trigger point injections. A request had been made for trigger point injections and was not certified in the pre-authorization process on January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TRIGGER POINT INJECTIONS: Upheld

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

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

Decision rationale: According to the medical record the injured employee has had previous treatment with trigger point injections, however there is no objective documentation stating how much pain relief was achieved and for how long. Furthermore the criteria for trigger point injections includes unknown failure of other therapies such as ongoing stretching, physical therapy, non-steroidal anti-inflammatory drugs, and muscle relaxants. According to the most recent progress note dated April 23, 2014, the injured employee was noted to have improvement with aquatic therapy and additional therapy was recommended. Therefore, for these multiple reasons this request for retrospective trigger point injections is not medically necessary.