

Case Number:	CM14-0014753		
Date Assigned:	02/28/2014	Date of Injury:	11/22/2010
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 Minnesota. 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 27-year-old female who reported an injury on 11/22/2010 secondary to unknown mechanism of injury. The injured worker was evaluated on 11/08/2013 for reports of lower back, gluteal, leg and thigh pain radiating to the left ankle, left calf, left foot, right foot, left thigh, right thigh, and right buttock. The exam noted posterior superior iliac spine tenderness to palpation with active trigger points although exam indicated improvement over prior visits. The exam noted absence of spasm to the lumbar spine, a positive Patrick-Faber and straight leg raise. Diagnoses included lumbar sprain/strain, myalgia and myositis unspecified, low back pain, spondylosis of the lumbar spine without myelopathy, COAT, chronic pain syndrome, and facet arthropathy. Treatment plan included trigger point injections indicating they are the single most effective and longest lasting interventional pain therapy the injured worker has received to date. The plan also noted the intention to inject both sides. The request for authorization was not found in the documentation provided. The rationale for the request was that it was the most effective and long lasting intervention pain therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS RIGHT PSIS AND RIGHT LUMBAR OFFICE VISIT TO ADMINISTRATER INJECTIONS: 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 request for trigger point injections right PSIS and right lumbar office visit to administrator injections is not medically necessary. The Chronic Pain Medical Treatment Guidelines may recommend trigger point injections for myofascial pain syndrome. The guidelines further do not recommend trigger point injections for radicular pain. Guidelines recommend documentation of circumscribed trigger points with evidence upon palpation of a twitch, persistence of symptoms for more than 3 months, evidence of failure of conservative therapy such as physical therapy, muscle relaxants and NSAIDs, evidence of no radiculopathy by exam, imaging or neuro testing, and no more than 3 to 4 injections per session. The injured worker does report moderate to severe back pain; however, it is unclear if the back pain is myofascial or radicular in nature. The exam does indicate the pain radiates to the left and right lower extremities down to the feet and there is a significant lack of evidence of a sensory examination. Furthermore, there is a lack of evidence of circumscribed trigger points with evidence of a twitch upon palpation, persistence of symptoms for more than 3 months, failure of conservative therapies, and the actual number of injections being requested. Therefore, based on the documentation provided, the request is not medically necessary.