MAXIMUS Federal Services

Case Number:	CM14-0014813		
Date Assigned:	02/28/2014	Date of Injury:	01/11/2006
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for upper and lower back pain reportedly associated with an industrial injury of January 11, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated January 29, 2014, the claims administrator retrospectively denied a request for trigger point injections performed on January 14, 2014, stating that the applicant had failed to profit through earlier trigger point injections. The applicant's attorney subsequently appealed. In a January 14, 2014 progress note, it was acknowledged that the applicant was off of work. The applicant had had earlier trigger point injections, it was stated. The applicant was on Remeron, tramadol, Naprosyn, and Norco, it was stated. Several medications were refilled. Remeron was apparently discontinued. The applicant underwent four trigger point injections. A rather proscriptive permanent 15-pound lifting limitation was renewed, which was keeping the applicant off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRIGGER POINT 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 MTUS Chronic Pain Medical Treatment Guidelines, Trigger Point Injections topic. Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat trigger point injections should not be performed unless there is evidence of functional improvement with earlier blocks. In this case, however, there has been no lasting benefit or functional improvement achieved through earlier blocks. The applicant is off of work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. A rather proscriptive permanent 15-pound lifting limitation remains in place. The applicant remains highly reliant and highly dependent on various medications, including opioids. Therefore, the repeat trigger point injections were not medically necessary.