MAXIMUS Federal Services

Case Number:	CM14-0015354		
Date Assigned:	02/28/2014	Date of Injury:	10/13/2006
Decision Date:	07/24/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 Management 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:

This is a 38-year-old male with a 10/13/2008 date of injury. A specific mechanism of injury was not described. 1/29/14 determination was modified. There was certification of a urine toxicology test and a non-certification of trigger point injections. Reasons for non-certification included inadequate documentation of the presence of trigger point injections of the actual benefit derived from treatment in terms of function. 1/17/14 medical report identifies pain across the back. He had improvements with TPI and Toradol in the past. Exam revealed decreased cervical spine range of motion. There were palpable muscle spasms across the neck and trapezius muscles. There was also decreased lumbar range of motion and 4+/5 EHL strength. There was decreased sensation in the left L4 dermatomal distribution. Trigger point injections were performed 10/23/14, 9/25/13, 8/21/13, 7/10/13 medical reports revealed that trigger point injections were also performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injection #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 122.

Decision rationale: The patient has chronic pain and chronic muscle spasms. He has been managed by medications and trigger point injections. Howerver, MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, and radiculopathy is not present. The medical records did not document trigger points as defined by guidelines. In additon the patient presented with lumbar radiculopathy. Furthermore, CA MTUS state that repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. This was not documented in the medical records. It is stated that trigger points helped, but there was no specific indication of pain relief or any functional improvement. The medical necessity for trigger point injections was not substantiated.