

Case Number:	CM14-0018104		
Date Assigned:	04/16/2014	Date of Injury:	07/30/2001
Decision Date:	06/02/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 patient with a date of injury of 7/30/01. A utilization review determination dated 1/31/14 recommends non-certification of trigger point injections. 1/16/14 medical report identifies pain in the left hip 8/10, upper and lower back 6-7/10, 50% improvement with the trigger point injection and taking less medication. On exam, lumbar ROM is restricted. There were multiple myofascial trigger points and taut bands. Left hip ROM was decreased. Patrick's test markedly abnormal for the left hip. He has a limp and ambulated with a cane. Sensation decreased in left thigh and calf. Left foot dorsiflexion and plantar flexion 4+/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRIGGER POINT INJECTIONS X 4 IN THE THORACIC AND LUMBAR MUSCLES DOS: 1/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: Regarding the request for retrospective trigger point injections x 4 in the thoracic and lumbar muscles DOS: 1/16/14, CA MTUS Chronic Pain Medical Treatment

Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. These are defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. They also note that radiculopathy should not be present (by exam, imaging, or neuro-testing). Repeat injections are supported when there is a greater than 50% pain relief obtained for six weeks after an injection and evidence of functional improvement. Within the documentation available for review, the exam findings do not identify evidence upon palpation of a twitch response as well as referred pain. Furthermore, there are findings suspicious for radiculopathy given the presence of decreased sensation in the left thigh and calf and weakness with left foot dorsiflexion and plantar flexion. In light of the above issues, the requested retrospective trigger point injections x 4 in the thoracic and lumbar muscles DOS: 1/16/14 are not medically necessary