

Case Number:	CM14-0110886		
Date Assigned:	08/01/2014	Date of Injury:	01/21/2011
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 underlying date of injury in this case is 01/21/2011. The patient's diagnoses include; cervical ligamentous injury with cervicogenic headaches, postconcussive syndrome, bilateral upper extremity radiculopathy, lumbar myoligamentous injury, lumbar facet syndrome, chronic nausea and vomiting, and medication-induced gastritis. On 04/28/2014, the patient complained of persistent low back pain and radiculopathy symptoms in the lower extremities limiting the patient's mobility and activity tolerance. The patient requested trigger point injections given they consistently provide 50% relief lasting a week and allowing the patient to sleep better. On physical examination the patient appears to have tenderness in the posterior lumbar muscles and increased muscle rigidity. Trigger point injections are palpable to the posterior lumbar muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 TRIGGER POINT INJECTIONS TO THE LUMBAR: 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 122 Page(s): 122.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend repeat injections not be done unless there is 50% relief of pain for 6 weeks as well as documented evidence of functional improvement. Medical records document only one week of improvement from prior trigger point injections and do not document functional improvement or medication reduction. Overall the medical records do not document a benefit to support an indication for repeat trigger point injections at this time. This request is not medically necessary.