

Case Number:	CM14-0117235		
Date Assigned:	08/06/2014	Date of Injury:	03/23/2009
Decision Date:	09/11/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 Orthopedic Surgeon 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 injured worker is a 47-year-old male who reported an injury on 03/23/2009. The mechanism of injury was not provided. The diagnoses included status post anterior cervical discectomy and fusion and status post a lumbar fusion with repeat laminectomy, foraminotomy and L5-S1 nerve root decompression. Prior treatments included physical therapy, psychological care, and a lumbar corset. Surgical history included a repeat lumbar laminectomy and foraminotomy on 02/03/2014. Per the 06/18/2014 Neurosurgical Re-evaluation, the injured worker reported having pain in his neck with occasional headaches. The injured worker also reported radiating back pain into his left leg with associated numbness and tingling. Examination of the lumbar spine noted palpable tenderness with restricted range of motion and positive straight leg raise on the left. The treatment plan included continuing his home exercise program and medications. The rationale for the request was not provided. The Request for Authorization Form was not present in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 6 L/S HNP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation ODG, Pain Chapter: Trigger point injection.

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

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. They are not recommended for radicular pain. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. They are only indicated when conservative measures have failed to control pain. The guidelines do not recommend more than 3 to 4 injections per session. The clinical notes provided do not discuss trigger point injections. The rationale for the request was not provided. There is a lack of documentation regarding circumscribed trigger points with evidence upon palpation of a twitch response. There is no indication the injured worker's pain was uncontrolled with conservative measures. In addition, the request for 6 injections exceeds the guideline recommendations. Based on this information, the request is not supported. As such, the request for trigger point injections times 6 to the lumbar spine HNP is not medically necessary.