

Case Number:	CM14-0128132		
Date Assigned:	08/15/2014	Date of Injury:	06/09/2008
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 29 year-old male was reportedly injured on 6/9/2008. The mechanism of injury is not listed. The most recent progress note, dated 7/2/2014 indicates that there are ongoing complaints of chronic low back pain and bilateral lower leg weakness. The physical examination demonstrated: patient has forward-flex posture. Somewhat antalgic gait with decreased strength/tone on the right side and pain with hip movements with elevation is noted. Diagnostic imaging studies include an MRI of the brain dated 6/3/2014 which reveals unremarkable without mass, infarct or hemorrhage. MRI of the cervical spine dated 5/23/2014 reveals disc bulge at C3-5, C5-6 disc bulge with foraminal narrowing, C6-7 disc bulge with foraminal narrowing, T1-2 disc bulge. Previous treatment includes previous surgery, medications, and conservative treatment. A request had been made for trigger point injection in the lumbar spine and was not certified in the pre-authorization process on 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Points Injection/Lumbar: 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 Injections Page(s): 122 of 127.

Decision rationale: CA MTUS treatment guidelines supports trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Based on the information provided, this request is not considered medically necessary.