

Case Number:	CM14-0132700		
Date Assigned:	08/22/2014	Date of Injury:	07/14/2012
Decision Date:	10/28/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 Texas and Oklahoma. 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 39-year-old female who reported an injury on 07/14/2012. The mechanism of injury was not submitted with this request. The diagnoses were noted to be myofascial pain syndrome and lumbar strain. Prior treatment was noted to be chiropractic care and physical therapy. Diagnostic imaging was noted to be electromyography and nerve conduction velocity. Current medications were noted to be Norco, omeprazole, Naprosyn, Flexeril, and Neurontin. An examination on 07/02/2014 noted the injured worker with subjective complaints of pain in the right side of her lower back with hip and right knee and lateral ankle discomfort. The physical examination noted normal muscle strength, normal gait, and no evidence of atrophy or decreased sensation. The rationale for the request was noted within the Request for Authorization form dated 02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger pint injections Page(s): Page 122.

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

Decision rationale: The request for a trigger point injection is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections with an anesthetic such as bupivacaine are recommended for nonresolving trigger points, but the addition of a corticosteroid is not generally recommended. They are not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produced a local twitch in response to stimuli of the band. Criteria for use of trigger point injection include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms that have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants that have failed to control pain; and radiculopathy must not be present on examination. The injured worker's clinical documentation provided an objective report indicating signs of radiculopathy. It is not documented that failure of conservative care has been in place for more than 3 months. The objective data did not indicate trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the request for a trigger point injection is not medically necessary.

Lumbar Ultrasound:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Ultrasound diagnostic (imaging)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Lidocaine 1%:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Kenalog 40 mg X4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.