MAXIMUS Federal Services

Case Number:	CM14-0152871		
Date Assigned:	09/23/2014	Date of Injury:	11/22/1998
Decision Date:	10/24/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 patient is a 46-year-old male who has submitted a claim for reflex sympathetic dystrophy of the lower limb associated with an industrial injury date of November 22, 1998.Medical records from 2014 were reviewed, which showed that the patient complained of pain underneath his right heel/arch which was graded as 10/10. Patient had difficulty ambulating especially with the first step in the morning. He also had some pain on the left side. His excruciating pain affected his activities of daily living. He experienced numbness, tingling, and burning sensation especially at night. He was not taking any medications and had a history of diabetes. Physical examination revealed absence of ecchymosis, infection, laceration, motor function abnormalities or vascular compromise. It also showed localized right lateral ankle edema, hyposensitivity at his bilateral superficial peroneal and deep plantar, severe hypersensitivity at the right medial and lateral plantar and calcaneal, pes planus deformity bilaterally with hyperpronation, and tenderness at the right tibial/fibular shaft, right talocalcaneal joint, right calf/Achilles tendon at insertion. There was antalgic gait, decreased right ankle joint dorsiflexion and plantarflexion, and everted heels. The electrodiagnostic exam performed on 3/19/12 revealed left tibial motor prolonged distal latency associated with cold limb.Treatment to date has included various pain medications.Utilization review from September 19, 2014 denied the request for Ligament/Trigger Point Injection with Ultrasound Guidance. The request for ligament/trigger point injection with ultrasound guidance was denied because it did not appear that the patient participated in any conservative therapies for his condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ligament/Trigger Point Injection with Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

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

Decision rationale: Page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that trigger point injections are recommended for myofascial pain syndrome only. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; failure of medical management therapies to control pain such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants; not more than 3-4 injections per session; and no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, the records do not indicate that the patient already had prior injections but there was also no evidence of circumscribed trigger points or a failure of adequate medical management to control pain. There was no documentation that the patient had tried exercises and physical therapy. The patient had not met the criteria for use of trigger point injections. Furthermore, the request did not mention which body part will be the target of therapy. Therefore, the request for Ligament/Trigger Point Injection with Ultrasound Guidance is not medically necessary.