

Case Number:	CM14-0156085		
Date Assigned:	09/25/2014	Date of Injury:	12/06/2011
Decision Date:	10/27/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 24 year old male presenting with chronic pain following a work related injury on 12/6/2011. The claimant reported low back pain radiating into the lower extremities mostly on left with numbness and weakness. The claimant is status post L5-S1 lumbar arthrodesis with continued difficulty with bending stooping, squatting, prolonged standing and walking. The physical exam showed spasm, tenderness and guarding lumbar paravertebrals and thoracic spine, decreased range of motion in flexion and extension, decreased sensation L5 dermatome bilaterally with pain, antalgic gait and difficulty heel toe walking. The claimant was diagnosed with lumbosacral radiculopathy. A claim was placed for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injection with Depo-Medro and Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding trigger point injections. Decision based on Non-MTUS Citation Colorado, 2002, Blue Cross Blue Shield, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 84.

Decision rationale: 1 Trigger point injection with Depo-Medro and Lidocaine is not medically necessary. Per MTUS guidelines, page 84 states that trigger point injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the neck where the injection is to be performed.