

Case Number:	CM14-0159973		
Date Assigned:	10/03/2014	Date of Injury:	11/17/1993
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 64 year old female with a date of injury on 11/17/1993. It was indicated that on that date she was slammed against a concrete slab and was kicked in the upper body and left side while attempting to break a fight between two prisoners. Her current diagnosis includes (a) back pain, (b) degenerative disc disease, (c) myofascial pain, (d) back pain, (e) lumbar degenerative disc disease, (e) sciatica, (f) low back pain, (g) arthritis of the back, (h) bilateral shoulder pain, (i) chronic wrist pain and (j) suspected somatization disorder with many complaints not directly related to the injury. In a progress report dated June 5, 2014 it was indicated that the she complained of worsening neck and back pain. She also complained of pain in the left shoulder, wrist, and thumb. She described her back pain to be aching, burning, cramping, spasmodic, and most severe with walking. The pain was aggravated when squatting, standing and walking and relieved by medications and rest. On examination of the upper extremity bilateral shoulder tenderness and limited range of motion due to pain was noted. On examination of the lumbar spine, tenderness and limited range of motion in all planes was noted. She ambulated with an analgesic and guarded gait with the aid on a single-point cane. She also utilizes a lumbar support. She was to continue with her current medication regimen. This is a review of the requested one outpatient trigger point injection for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One outpatient trigger point injection for the cervical and lumbar spine: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the criteria for the use of trigger point injections, which includes documentation of well-demarcated and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The medical records provided for review failed to provide evidence of a twitch response to the cervical and lumbar spine. Additionally, the guidelines state medical management therapy such as ongoing stretching exercises, physical therapy, non steroidal anti-inflammatory drugs and muscle relaxants have failed to control pain. Review medical records provided do not indicate any specific evidence of physical therapy or any rehabilitative modalities have failed in the management of neck and low back pain. Therefore, it can be concluded that the medical necessity of the requested one outpatient trigger point injection to the cervical and lumbar spine is not established.