

Case Number:	CM14-0170787		
Date Assigned:	10/23/2014	Date of Injury:	10/13/2010
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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, has a subspecialty in Interventional Spine 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 53-year-old male with a date of injury of 10/13/2010. The listed diagnoses per [REDACTED] are: 1. Osteoarthritis, pelvis/thigh right. 2. Lumbosacral spondylosis, right. 3. Degenerative lumbar lumbosacral IV. According to progress report, 09/17/2014, the patient presents with pain in the right buttock extending laterally through the hip down the lateral knee. He has received chiropractic treatment coupled with active-release therapy and it was noted to "give some relief." The patient has noted an increase in symptoms as "authorization ran out for the chiropractic visits." Examination of the right hip revealed tenderness to the right buttock and over the right piriformis specifically. In the seated position, external rotation of the right hip produces discomfort. Examination of the lumbar spine revealed "flexion, extension of lumbar spine is well tolerated." This is a request for ultrasound-guided right trigger point injection and additional 8 chiropractic treatment sessions. Utilization review denied the request on 10/01/2014. Treatment reports from 06/25/2014 through 09/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided right trigger point injections, 1-2 muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: This patient presents with pain in the right buttock extending laterally through the hip down the lateral knee. This is a request for a right ultrasound guided trigger point injection. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, etc. In this case, the provider does not note trigger points on examination. There was no evidence of "twitch response" or taut bands as required by MTUS. Therefore, the requested treatment is not medically necessary and appropriate.

Chiropractic, additional eight visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Page(s): 58, 59.

Decision rationale: This patient presents with pain in the right buttock extending laterally through the hip down the lateral knee. The provider is requesting additional 8 chiropractic sessions as the patient reported that prior sessions had given him some relief. For manual therapy, the MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. Labor Code 9792.20(e) defines functional improvement as significant improvement in activities of daily living (ADLs), a reduction in work restrictions, and decreased dependence on medical treatment. Review of the medical file indicates the patient has participated in 22 chiropractic treatments between 03/04/2014 and 08/06/2014. Chiropractic treatment reports continually note that the patient presents with "constant low back pain, hip pain, leg pain, on the right." Treatment report 08/06/2014 indicates the patient is having "difficulties with ADLs and working out and is considered chronic, exasperated." Given the lack of documented functional improvement from prior chiropractic treatments, recommendation for additional treatment is not supported. Therefore, the requested treatment is not medically necessary and appropriate.