MAXIMUS Federal Services

Case Number:	CM14-0020039		
Date Assigned:	04/30/2014	Date of Injury:	11/04/2010
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 & 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 injured worker is a 34 year old male who reported a low back injury after he fell off a lawn mower on 11/04/2010. Within the clinical note dated 10/30/2013 the injured worker reported lumbar pain the radiated to his right lower extremity. The physical exam noted decreased range of motion in the lumbar spine, deep tendons intact, and a positive straight leg raise test on the right. Within the clinical note dated 01/15/2014 the prescribed medications listed were Naprosyn, Omeprazole, Neurontin, and Flexeril. The physical exam noted the same physical findings as the previous exam. However, the primary care physician noted a significant change in condition, but he did not elaborate or provide evidence to support this statement. The request for authorization was not provided within the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/15/14) FOR TRIGGER POINT INJECTIONS X 4 TO TRAPEZIUS WITH ULTRASOUND: 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: The request for trigger point injections in the cervical and thoracic/lumbar spine is not medically necessary. The CA MTUS guidelines recommend trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The injured worker upon physical examination was noted to have positive trigger points of the right trapezius; however, documentation did not specify whether there was evidence of a positive twitch response and referred pain. In addition, there was lack of clinical evidence the injured worker had failed conservative care. In addition, the primary care physician noted a significant change in condition without documentation justification for the note. Thus, the request is not medically necessary.