

Case Number:	CM14-0020740		
Date Assigned:	04/30/2014	Date of Injury:	01/11/2006
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, mid back pain, and myofascial pain syndrome reportedly associated with an industrial injury of January 11, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and earlier trigger point injection therapy, per the claims administrator. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for trigger point injections, citing the now-outdated, misnumbered MTUS 9792.20e. The applicant's attorney subsequently appealed, one day later, on February 12, 2014. In a progress note dated January 14, 2014, the applicant reported 1-7/10 pain, about the upper and low back pain. The applicant was apparently on Remeron for insomnia and depression. The applicant stated that earlier trigger point injections did provide pain relief. The applicant exhibited diminished right foot strength. The applicant was given trigger point injections in the clinic and asked to employ tramadol, Naprosyn, and hydrocodone for pain relief. The applicant was described as off of work and asked to continue a rather proscriptive 15-pound lifting limitation, which was effectively resulting in the applicant's removal from the workplace. In an earlier note of December 3, 2013, it was acknowledged that the applicant had had earlier trigger point injections at that point in time. The same, unchanged, rather proscriptive 15-pound lifting limitation was endorsed. The applicant was again described as not working on that date. The applicant underwent earlier trigger point injections on October 29, 2013, at which point the same 15-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRIGGER POINT INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, pursuit of repeat trigger point injections should be predicated on evidence of lasting pain relief of greater than 50% for at least six weeks after an injection with documented evidence of functional improvement with earlier injections. In this case, however, there has been no documented evidence of functional improvement with earlier injections. The applicant is off of work. A rather proscriptive 15-pound lifting limitation remains in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of medications, opioid and non-opioid. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier trigger point injections. The request for retrospective trigger point injections is not medically necessary or appropriate.