

Case Number:	CM14-0021526		
Date Assigned:	05/07/2014	Date of Injury:	05/22/1998
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 and is licensed to practice in Texas. 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 53 year old female whose date of injury is 05/22/1998. The mechanism of injury is described as lifting. Follow up note dated 05/06/14 indicates the injured worker complains of back pain and sciatic pain. Medications are listed as Celebrex, Cymbalta, Lisinopril, Metformin, Norco, Ranitidine, Soma and Xanax. There are reportedly trigger points at bilateral sciatic region, iliac crest, lumbar paraspinals L4-5 bilaterally. The injured worker underwent trigger point injections on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS UNDER ULTRASOUND GUIDANCE X 2 FOR THE LOW BACK: Upheld

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

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

Decision rationale: The CA MTUS guidelines note no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The injured worker's physical examination fails to document

circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The injured worker has undergone prior trigger point injections; however, the injured worker's objective, functional response to these procedures is not documented. Based on the clinical information provided, the request for trigger point injections under ultrasound guidance x 2 for the low back is not recommended as medically necessary.