

Case Number:	CM14-0023486		
Date Assigned:	05/12/2014	Date of Injury:	03/21/2004
Decision Date:	08/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 66-year-old male who reported an injury on 03/21/2004 due to an unknown mechanism. The injured worker had a physical examination on 03/27/2014, which revealed the injured worker stated that Naprosyn helped, but his knees and ankles ached. Objective findings revealed there was a negative Apley's test for the knee and a negative stress test. Motor strength was 5/5. Physical examination on 04/08/2014 revealed the injured worker complained of substantial pain in the past and had responded to steroid injections. Medications for the injured worker were Norco and Naprosyn. Diagnoses for the injured worker were left torn medial meniscus and lumbar sprain/strain. Past treatments for the injured worker were not submitted for review. The document submitted was very difficult to decipher. The request was for trigger point injection of the lumbar spine. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION LUMBAR SPINE: 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 Trigger point injections Page(s): 122.

Decision rationale: The request for trigger point injection lumbar spine is not medically necessary. The reports submitted for review were very difficult to read. The injured worker's functional deficits were not clearly documented. It was not noted if the injured worker participated in any type of physical medicine program such as acupuncture, chiropractic sessions, or physical therapy, and, if so, measurable gains and functional improvement was not clearly documented. The California MTUS Guidelines state trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The documentation provided did not provide evidence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain to meet guideline criteria. In addition, there was not enough documentation indicating the injured worker had failed other methods of conservative care to control pain. The criteria set forth by the guidelines have not been met. Therefore, the request is not medically necessary.