MAXIMUS Federal Services

Case Number:	CM14-0032105		
Date Assigned:	04/09/2014	Date of Injury:	07/17/2012
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 hip pain reportedly associated with an industrial injury of July 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and work restrictions. In a utilization review report of January 22, 2014, the claims administrator denied a request for trigger point injections for the hip. The claims administrator stated that the attending provider had not documented the presence of palpable trigger points in any recent progress note. The applicant's attorney subsequently appealed. A July 19, 2013, progress note was notable for comments that the applicant injured multiple body parts in a specific contusion injury. The applicant presented with hip pain and trochanteric bursitis as well as myofascial pain about the gluteus medius, psoas, and quadratus lumborum musculature. The applicant was on Motrin for pain. His BMI was 27. The applicant was described as working with restrictions. Additional therapy, a hip steroid injection, and Motrin were endorsed. The applicant was returned to work at a rate of 9 hours per day. In a January 3, 2014, progress note, the applicant was described as having persistent arm, low back, and leg pain which was now described as disabling. Additional physical therapy to treat the applicant's trigger points was sought. The applicant's BMI is 26, it was stated. Authorization was sought for 12 sessions of physical therapy in conjunction with trigger point injections. A 15-pound lifting limitation was again endorsed. In a November 15, 2013, progress note, the attending provider again sought authorization for trigger point injections. The attending provider stated that he was describing the presence of trigger points on examination. Trigger point injections were sought for the shoulder, hip, and low back. The applicant was on Motrin and tramadol at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS- RIGHT HIP: Upheld

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

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the pursuit of trigger point injections include evidence of myofascial pain syndrome in individuals with documented circumscribed trigger points whose symptoms have persisted for more than three months, in whom other treatment strategies such as physical therapy, NSAIDs, and muscle relaxants have failed to control pain. In this case, however, the attending provider does not seemingly document the presence of circumscribed trigger points with evidence of a twitch on palpation. It is further noted that there is no evidence that the applicant has in fact failed muscle relaxants. The applicant has apparently tried other treatments, including NSAIDs such as Motrin and opioid analogues such as tramadol; however, there is no specific mention of the applicant having tried and/or failed muscle relaxants at an earlier point in the life of the claim. Accordingly, the request is not certified on the grounds that the applicant has not failed muscle relaxant therapy which is, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, a prerequisite for pursuit of trigger point injections, and on the grounds that the attending provider has not detailed, described, or characterized the presence of circumscribed trigger points for which trigger point injection therapy would be indicated. The request is not medically necessary or appropriate.