

Case Number:	CM14-0036071		
Date Assigned:	06/23/2014	Date of Injury:	07/30/2012
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 Physician 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 48-year-old female who was reportedly injured on July 30, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 18, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated slightly decreased lumbar spine range of motion. The treatment plan included a followup with pain management for an injection and a home exercise program. A request had been made for a left gluteal MTPI and for this injection to be done at the same time with local MAC and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left gluteal MTPIs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, criteria of the use of TPIs (Trigger point injections).

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, in order to proceed with trigger point injections, there should be documentation of

circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Additionally, no more than 3 to 4 injections should be provided in each session. The attached medical record did not identify these trigger points, and it was not indicated how many injections were intended to be given. Therefore, this request for left gluteal MTPI's is not medically necessary.

request for injections to be done at the same time and with local MAC: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.