

Case Number:	CM14-0044876		
Date Assigned:	07/07/2014	Date of Injury:	06/06/2013
Decision Date:	08/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 40 year old male whose date of injury is 06/06/2013. The mechanism of injury is described as lifting and moving heavy plants and boxes when he had the acute onset of thoracic pain. Treatment to date includes thoracic epidural steroid injection at T7-8 on 11/21/13 which helped partially by about 30%, and acupuncture which was minimally effective. Note dated 04/08/14 indicates that the injured worker has had some chiropractic care in the past. It is noted that the injured worker will most likely be made permanent and stationary at his next visit. Most recent note dated 05/01/14 indicates that the injured worker's symptoms appear to be stable. He has reached maximum medical improvement and can be made permanent and stationary as of this date. On physical examination there is tenderness along the lower thoracic paraspinal muscles. Straight leg raising is negative bilaterally. Neurologic exam is intact in the lower extremities. Impression is thoracic and lumbar strain with myofascial pain, and minimal small right-sided T7-8 disc protrusion along with minimal degenerative facet changes in the lower lumbar levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three Trigger Point Injections T8-9: 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: Based on the clinical information provided, the request for three trigger point injections T8-9 is not recommended as medically necessary. The submitted records fail to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by California Medical Treatment Utilization Schedule guidelines prior to trigger point injections. There is no indication that the injured worker has undergone any recent active treatment. Therefore, the requested trigger point injections are not in accordance with California Medical Treatment Utilization Schedule guidelines. The request for three trigger point injections T8-9 is not medically necessary.