

Case Number:	CM14-0049720		
Date Assigned:	07/07/2014	Date of Injury:	01/01/2012
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Florida. 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 who reported an injury on 01/01/2012. The mechanism of injury was not stated. Current diagnoses include status post left knee arthroscopy in 03/2012, articular cartilage defect in the medial femoral condyle, partial meniscectomy, left shoulder rotator cuff tear with acromioclavicular (AC) arthrosis, lumbosacral sprain/strain, lumbar discopathy, diabetes with hypertension, left shoulder rotator cuff tear, status post arthroscopic left knee with residual intra-articular damage, and L5-S1 disc protrusion. The injured worker was evaluated on 03/05/2014 with complaints of pain in the left knee and left shoulder. The injured worker reported an improvement in symptoms regarding the lower back following an injection at the previous office visit. Physical examination revealed tenderness with patellofemoral grinding in the left knee, medial joint line tenderness, left AC joint tenderness, positive Neer and Hawkins testing, and bilateral paraspinal tenderness and spasm in the lumbar spine. Treatment recommendations at that time included authorization for a Supartz injection into the left knee and a trigger point injection. A request for authorization was then submitted on 03/18/2014 for the retroactive trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections and steroid injections, interspinous ligaments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should be evidence of a failure to respond to medical management therapy. As per the documentation submitted, it was noted on 01/22/2014, trigger point injections and steroid injections into the area of interspinous ligaments were requested. However, there was no documentation upon physical examination of circumscribed trigger points with evidence of a twitch response as well as referred pain. There is also no mention of a failure to respond to medical management therapies. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.