

Case Number:	CM14-0050754		
Date Assigned:	09/12/2014	Date of Injury:	03/27/1993
Decision Date:	10/10/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 Preventive Medicine, has a subspecialty Occupational Medicine, and is licensed to practice in Texas. 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 44-year-old female who was injured at work on 03/27/1993. The worker developed low back pain after lifting items weighing between 10-80 pounds while stocking shelves. During a 02/27/2014 visits with the doctor, the injured worker complained of worsening low back and right hip pain that radiates to the lower limbs, right more than the leg. The pain is affecting her from her work and activities. The injured worker is has been seeing a psychiatrist but is depressed over her problems. However, the Celebrex and Neurontin, provide some benefits, but do not fully control the pain. The pain is reported to be about 7/10 in severity. The physical examination revealed slow broad based gait, limitation of range of movement of the Lumbar spine. There was palpable tenderness of the Lumbar paravertebral tenderness, together with positive straight leg raise at 60 degrees on the left, tight muscle bands on both sides; and decreased sensations on lateral aspect of the left foot. The injured worker has been diagnosed of Spinal/Lumbar DDD, Low back pain, spasm of muscles. Previous treatments have included Chiropractic care, Nerve block at L5-S1, poster lateral fusion with decompression and instrumentation at L5-S1 in 199; currently, the injured worker is taking Ambien, Celebrex, Neurontin, and Vicodin. At dispute is the request for Trigger point injection x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection x 3: 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 Injection Page(s): 122.

Decision rationale: The injured worker sustained a work related injury on 03/27/1993. The medical records provided indicate the diagnosis of Spinal/Lumbar DDD, Low back pain, spasm of muscles. Treatments have included Chiropractic care, Nerve block at L5-S1, poster lateral fusion with decompression and instrumentation at L5-S1 in 1993, Ambien, Celebrex, Neurontin, and Vicodin. The medical records provided for review do not indicate a medical necessity for Trigger point injection x 3: The MTUS does not recommend Trigger Point Injection when there is a clinical or MRI or nerve studies evidence for radiculopathy. The injured worker was noted to have straight leg raise at 60 degrees in the left lower limb and decreased sensations on the left. Besides, the document reviewed did not indicate a demonstration of a twitch response in the skeletal muscle band, a necessary finding in trigger points. The requested treatment is not medically necessary.