

Case Number:	CM14-0051122		
Date Assigned:	07/07/2014	Date of Injury:	12/28/2012
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and 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 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 28-year-old male who was reportedly injured on December 28, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 2, 2014, indicated that there were ongoing complaints of upper and mid back pains. Current medications were stated to include Celebrex, Colace and Percocet. The physical examination demonstrated an antalgic gait. There were tenderness and spasms along both sides of the thoracic spine and tenderness at T5. The examination of the lumbar spine noted decreased range of motion and tenderness of the paravertebral muscles with spasms. There was a positive facet loading test to the right side. There were a trigger point with radiating pain and a twitch response at the thoracic paraspinal T6 level. Diagnostic imaging studies were not review during this visit. Previous treatment included lumbar spine medial branch blocks and epidural steroid injections. A request was made for trigger point injections and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (retro): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Trigger Point Therapy.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of trigger point injections includes that medical management therapies such as ongoing stretching exercises, physical therapy, anti-inflammatory medications, and muscle relaxants have failed to control pain. According to the most recent progress note dated April 2, 2014, there was no documentation the injured employee has failed to benefit with these prior conservative measures. Considering this, this request for trigger point injections is not medically necessary.