

Case Number:	CM14-0058054		
Date Assigned:	07/09/2014	Date of Injury:	12/15/2012
Decision Date:	09/12/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/29/2014

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 & Rehabilitation, 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:

This 32 year-old patient sustained an injury on 12/15/12 while employed by [REDACTED]. Request under consideration include injection tendon sheath/ligament. The patient is s/p Microscopic Lumbar laminectomy/discectomy at right L5-S1 on 11/20/13 with post-op physical therapy. Report of 11/22/13 noted brief exam findings of staples intact without redness/drainage; and decreased sensitivity at L5-S1 distribution in right lower extremity. Diagnoses were herniated nucleus pulposus HNP of lumbosacral spine with radiculopathy. Treatment included total temporary disability (TTD) for 8 weeks with medications. Report of 12/18/13 exam showed with tenderness and spasm; mild L5-S1 radiculopathy on right with treatment for meds and remain off for another 8 weeks. Conservative care has included medications, physical therapy, lumbar epidural steroid injections, trigger point injections (January 2014, 3/17/14 and 3/24/14) without specific documented functional benefit besides noting it helped. Current request is to repeat the injections for exam findings on 3/17/14 of tenderness. Report of 3/24/14 from the provider noted ongoing back pain and sciatica into right posterior thigh. Procedure noted trigger point injections with treatment plan to continue meds and TTD if not accommodate limitations of no lift/push/pull >5 pounds and no repetitive bending or twisting for [REDACTED]. The request for injection tendon sheath/ligament was non-certified on 4/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for trigger point injection to the lumbar spine date of service 3/17/2014:
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: This 32 year-old patient sustained an injury on 12/15/12 while employed by [REDACTED]. Request under consideration include Retro request for trigger point injection to lumbar spine date of service 3/17/2014. The patient is s/p Microscopic Lumbar laminectomy/discectomy at right L5-S1 on 11/20/13 with post-op PT. Report of 11/22/13 noted brief exam findings of staples intact without redness/drainage; and decreased sensitivity at L5-S1 distribution in right lower extremity. Diagnoses were HNP of lumbosacral spine with radiculopathy. Treatment included TTD for 8 weeks with medications. Report of 12/18/13 exam showed with tenderness and spasm; mild L5-S1 radiculopathy on right with treatment for meds and remain off for another 8 weeks. Conservative care has included medications, physical therapy, lumbar epidural steroid injections, trigger point injections (January 2014, 3/17/14 and 3/24/14) without specific documented functional benefit besides noting it helped. Current request is to repeat the injections for exam findings on 3/17/14 of tenderness. Report of 3/24/14 from the provider noted ongoing back pain and sciatica into right posterior thigh. Procedure noted trigger point injections with treatment plan to continue meds and TTD if not accommodate limitations of no lift/push/pull >5 pounds and no repetitive bending or twisting for [REDACTED]. The request for Retro request for trigger point injection to lumbar spine date of service 3/17/2014 was non-certified on 4/12/14. The goal of TPis is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional activities of daily living ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The injection tendon sheath/ligament is not medically necessary and appropriate.