

Case Number:	CM14-0061571		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2011
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 09/04/2011. The injured worker reportedly sustained a low back strain while attempting to pull luggage from underneath a bus. The current diagnoses include cervical strain, cervical degenerative arthritis, lumbar sprain, and lumbar degeneration. The injured worker was evaluated on 12/04/2013 with complaints of worsening pain secondary to the change of weather. The current medication regimen includes Norco, Lyrica, and Zanaflex. Previous conservative treatment also includes TENS therapy. Physical examination revealed spasm and tenderness to palpation of the cervical spine, limited cervical range of motion, and tenderness to palpation with guarding of the lumbar spine. Treatment recommendations included 4 trigger point injections into the cervical spine and 6 trigger point injections into the lumbar spine. A DWC Form RFA was then submitted on 03/31/2014 for the retrospective authorization for trigger point injections administered on 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request of Trigger Point Injection x4 to Cervical Spine for DOS 12/4/13:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended 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. Therefore, the injured worker did not meet criteria as outlined by the California MTUS Guidelines for trigger point injections on 12/04/2013. There was also no mention of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, and NSAIDs. California MTUS Guidelines further state no more than 3 to 4 injections are recommended per session. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Retrospective Request of Trigger Point Injection x6 to Lumbar Spine for DOS 12/4/13:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended 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. Therefore, the injured worker did not meet criteria as outlined by the California MTUS Guidelines for trigger point injections on 12/04/2013. There was also no mention of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, and NSAIDs. California MTUS Guidelines further state no more than 3 to 4 injections are recommended per session. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.