

Case Number:	CM14-0066642		
Date Assigned:	07/11/2014	Date of Injury:	01/01/2013
Decision Date:	11/17/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Medicine, 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 is a patient with a date of injury of 1/1/13. A utilization review determination dated 4/7/14 recommends modification of TPI from an injection with ultrasound guidance to an injection without guidance. A pain management consult for right SI joint injection was modified to a pain management consult only. It referenced a 3/12/14 medical report identifying neck pain with occasional numbness and tingling in the right third and fourth fingers and low back pain. On exam, there was a trigger point in the right trapezius with local tenderness, limited ROM, lumbar tenderness, right SI tenderness, and positive right SI stress test. 5/21/14 medical report from pain management identifies neck pain radiating to the bilateral shoulders, especially to the right shoulder with numbness to the hand. Back pain with no radicular symptoms and left leg pain with numbness and tingling are also noted. On exam, there is antalgic gait, lumbar tenderness, positive SI tenderness, Fabere's/Patrick, SI thrust, and Yeoman's tests, and limited lumbar ROM. Right SI joint injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Trap Trigger Point Injection under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19057634> Title: Ultrasound-guided trigger point injections in the cervicothoracic musculature: a new and unreported technique

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

Decision rationale: Regarding the request for trigger point injection, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and Radiculopathy is not present (by exam, imaging, or neuro-testing). Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Furthermore, trigger point injections are typically performed without ultrasound guidance and there is no clear rationale for its use in this case. In light of the above issues, the requested trigger point injection is not medically necessary.

Pain Management Consult for Right SI Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for pain management consult for right SI joint injection, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, the provider did not describe at least three positive examination findings suggestive of SI joint dysfunction, but the subsequent pain management consultation did clarify the presence of these findings. There is no evidence of radiculopathy or other significant pain generators in the same area and the patient has pain despite conservative treatment. In light of the above, the currently requested pain management consult for right SI joint injection is medically necessary.