

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0067212 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/07/2012 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 04/17/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 53-year-old female who reported an injury on 01/07/2012 due to stepping on a bottle cap, slipping, and falling injuring her back, knees, and ankles. The injured worker complained of back pain, bilateral knee pain, and right ankle pain. The injured worker had diagnoses of cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, cervical cranial pain, lumbar disc protrusion, lumbar musculoligamentous injury, lumbar myospasm, and lumbar radiculopathy, left knee internal derangement, left knee sprain/strain, and right knee sprain/strain. The physical examination dated 04/08/2014 revealed decreased range of motion with 3+ tenderness to palpation of the lumbar vertebral muscles, muscle spasm of the lumbar vertebral muscles, and straight leg raise was positive on the left. Medications included hydrocodone 10/325, omeprazole 20 mg, zolpidem 10 mg, and a compound cream that included gabapentin and flurbiprofen. The diagnostic studies included an MRI and x-ray. Past treatments included physical therapy, shockwave therapy, brace, acupuncture, exercise, massage therapy, and medications. The treatment plan included Trigger Point Impedance, Localized intense Neurostimulation Therapy 1 x 6-12 for the Lumbar. The Request for Authorization dated 07/11/2014 was submitted with the documentation. Rationale for the trigger point was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance, Localized intense Neurostimulation Therapy 1 x 6-12 for the Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Neuromuscular Electrical Stimulation, Updated September 10, 2014.

Decision rationale: The MTUS Chronic Pain Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic lower back and neck pain with myofascial pain syndrome and all of the following criteria met: (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) symptoms have persisted for more than 3 months; (3) medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; (4) radiculopathy is not present; (5) not more than 3 to 4 injections per session; (6) no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement; (7) frequency should not be at an interval less than 2 months; (8) trigger point injections with any substance, for example saline or glucose, other than local anesthetic with or without steroid are not recommended. There is a lack of evidence in the documentation that the injured worker had failed the physical therapy, NSAIDs, or conservative therapy. The physical examination of the lumbar spine did not reveal positive for trigger points twitch. As such, the request for Trigger Point Impedance, Localized intense Neurostimulation Therapy 1 x 6-12 for the Lumbar is not medically necessary.