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| Case Number: | CM14-0070406 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 07/27/2013 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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 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:

The injured worker is a 22-year-old female who reported an injury on 07/27/2013. The mechanism of injury was a slip and fall. The diagnoses included chronic lumbar spine pain, cervical spine pain, and minimal disc displacement. Previous treatments include physical therapy, medication, and epidural steroid injections. The diagnostic testing included an MRI. Within the clinical note dated 03/06/2014, it was reported the injured worker complained of persistent pain across her lower back, thoracic spine, cervical spine, and bilateral hips. On the physical examination, the provider noted the lumbar spine forward flexion was limited to 50%, extension limited to 50%. On the neurological examination, the provider noted L3 through S1 dermatome, myotome, and reflexes are within normal limits. The injured worker had a negative straight leg raise and slump sign testing. The request submitted is for trigger point injections to the posterior superior iliac spine. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection to posterior superior iliac spine (PSIS), QTY:1: Upheld

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

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

Decision rationale: The request for Trigger Point Injection to posterior superior iliac spine (PSIS), QTY:1 is non-certified. The injured worker complained of persistent pain across the low back, thoracic spine, cervical spine, and bilateral hips. The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome 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 leg pain or neck pain with myofascial pain syndrome when all of the following criteria are met including documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms have persisted for more than 3 months. The medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants have failed to control pain, and radiculopathy is not present. No more than 3 to 4 injections per session are recommended. 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. Frequency should not be at an interval of less than 2 months. There is a lack of documentation indicating the medical management therapy such as ongoing stretching, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. There is lack of objective findings indicating the injured worker had a positive twitch response as well as referred pain upon palpation. Therefore, the request is non-certified.