

Case Number:	CM14-0075455		
Date Assigned:	07/16/2014	Date of Injury:	02/26/1999
Decision Date:	09/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 26, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; adjuvant medications; and earlier total knee arthroplasty. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a request for a trigger point injection. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant reported persistent complaints of hip and low back pain. It was stated that the applicant was a candidate for a total hip arthroplasty and was already status post total knee arthroplasty. The applicant's medication list included Voltaren cream, ketamine cream, doxepin cream, Zofran, buprenorphine, Lasix, omeprazole, Flonase, Symbicort, Dilantin, and Lipitor. The attending provider sought authorization for a previously denied trigger point injection. The attending provider acknowledged, however, that tricompartmental knee arthritis and hip arthritis were the applicant's primary pain generators. Buprenorphine was also endorsed. On May 9, 2014, the attending provider sought authorization for various medications and home health services as well as buprenorphine. Trigger point injection therapy was apparently sought. The applicant was using a walker to move on and had lower extremity and thigh edema appreciated. There was no mention of any palpable tender points or trigger points noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection at the Sacral Area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended in the treatment of myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended in the treatment of radiculopathy, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines further notes. In this case, however, there is no clear, concrete evidence of myofascial pain syndrome with palpable tender points which might be amenable to trigger point injection therapy. The bulk of the documentation on file suggests that the applicant's primary pain generators are hip and knee arthritis as well as a painful knee prosthesis. There was no clear description of myofascial pain or evidence of palpable tender points which might support the need for the proposed trigger point injection. Therefore, the request is not medically necessary.