

Case Number:	CM14-0076183		
Date Assigned:	07/16/2014	Date of Injury:	11/10/2001
Decision Date:	10/29/2014	UR Denial Date:	05/12/2014
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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 57-year-old female with an injury date of 11/10/01. The 05/06/14 progress report by the treating physician states that the patient presents with left knee pain and chronic neck and lower back pain. Pain has increased. The reports do not state if the patient is working. Examination of the lumbar spine reveals a well healed surgical incision with spasm and painful and limited range of motion. There is positive Lasegue on the left and positive straight leg raise on the left as well as tenderness to palpation over the hardware. Examination of the left knee shows tenderness to palpation at the joint line, patellofemoral crepitation, and a positive Apley grind test. The knee is giving out and there is pain in the lateral joint line. The examination further notes recent left foot neurosurgery (11/08/13) with development of cellulitis and positive Gaenslen. The 10/30/13 MRI of the lumbar spine presents the following impression: Anterior fusion change at L3-S1 and posterior fusion change at L3-S1 without hardware loosening or fracture. Mild right neural foraminal stenosis at L3-4 and L4-5 grossly unchanged. The patient's diagnoses include: Status post lumbosacral fusion L2-3, L3-4, L4-5 and L5-S1 (date unknown), Lumbar discogenic disease, Cervical discogenic disease, History of previous cervical fusion, Left knee sprain/strain, Left knee osteoarthritis, Status post cervical fusion and Status post left foot surgery. Reports were provided from 10/25/13 to 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with left knee pain and chronic neck and lower back pain. The treater requests for Trigger point injection #1. The reports provided do not discuss the reason for the treater's request. The treater notes on 02/26/14 that a trigger point injection, right side lumbar spine was given that day. MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, there is no discussion in the reports provided for the reason for the requested injections. Examination does not reveal a twitch response, and there is no discussion of circumscribed trigger points. Furthermore, the reports provided show no discussion regarding the results of the 02/26/14 trigger point injections. Therefore, recommendation is for denial.