

Case Number:	CM14-0081064		
Date Assigned:	07/21/2014	Date of Injury:	02/20/2007
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old male with a work injury dated 2/20/07. The diagnoses include chronic pain syndrome, degeneration of the lumbar disks, low back, and hip, and neck pain, intervertebral disk disorder without myelopathy, plantar fasciitis, muscle spasm, and cervical radiculopathy. Under consideration is a request for 3 trigger point injections under ultrasound. According to a 5/6/14 progress report, the patient complained of continued pain rated 6/10 in the right arm and shoulder that radiated into the neck as well as low back pain that radiated into both legs and left knee pain. He walked with an antalgic gait with a Canadian crutch for stability and reported that it helped lessen the numb sensation in his thumb although numbness in the fourth and fifth digits of the right hand persisted. In the past, the patient had tried epidural steroid injections and physical therapy without relief, but reported some neck pain relief with right sided cervical and trapezius trigger point injections performed by a former provider. On physical exam the cervical range of motion was decreased with pain in Flexion, extension and rotation, shoulder range of motion was decreased secondary to painful muscle Spasms on the right, and lumbar range of motion was decreased with pain in flexion, extension, and rotation. There was tenderness upon palpation in the paraspinal muscles of the cervical and lumbar spine, trapezius muscles bilaterally (right greater than left), and over the lumbar facet joints bilaterally. Deep tendon reflexes and sensation was normal in the bilateral upper extremities with near normal strength in the dermatomes C5-T1 bilaterally. In the lumbar spine, there were no signs of nerve root tension, near normal motor strength, diminished sensation, and normal reflexes bilaterally in dermatomes L4-S1. The patient was wearing a left knee brace and walked favoring the affected side. The treatment plan included continuing current medications, follow up for re-evaluation by

a spine surgeon and orthopedic joint specialist regarding possible surgery. The provider requested trigger point injections at the next patient visit in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Trigger Point Injections under ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain prior to considering a trigger point injection. The documentation does not support these findings on physical examination of the patient. The request for 3 Trigger Point Injections under ultrasound is not medically necessary.