

Case Number:	CM14-0083084		
Date Assigned:	07/21/2014	Date of Injury:	02/29/2012
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/04/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30-year-old female who reported an injury on 02/29/2012. The mechanism of injury was a motor vehicle accident. Diagnoses included late effects of traumatic brain injury, closed dens fracture with spinal cord injury, vestibular dizziness, chronic post-traumatic stress syndrome, headache due to trauma, disorder of eye movements, pain in the limbs, cervicalgia, myofascial muscle pain, chronic pain due to trauma, and neuropathic pain syndrome. Previous treatments included cervical fusion and medication. Within the clinical note dated 06/09/2014, it was reported the injured worker complained of severe headache and felt unsafe to drive. The provider noted the injured worker was clearly not able to return to her own job, as she would be a safety risk to herself and others physically and cognitively. The provider requested trigger point injections in the lumbar 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 lumbar: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome with limited lasting value, and it is not recommended for radicular pain. There is a lack of documentation indicating that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. There is a lack of objective findings indicating the injured worker had a trigger point with evidence upon palpation of a twitch response as well as referred pain. The number of injections was not provided in the request. Therefore, the request is not medically necessary.