

Case Number:	CM14-0095153		
Date Assigned:	07/25/2014	Date of Injury:	09/23/2011
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 is licensed to practice in Nevada. 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 58-year-old female who was reportedly injured on September 23, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back and bilateral knee pains. There was a reported increase in the pain complaints. Activity level has decreased. The physical examination demonstrated a well-developed, well-nourished individual "in no acute distress." Ambulation without assistance was noted. An antalgic gait pattern was reported. There was a limitation to lumbar spine range of motion, and there was tenderness to palpation with muscle spasm identified. Trigger points were also noted. A restricted range of motion to the left hip was noted and in the left knee. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, physical therapy and other pain management techniques. A request was made for injection therapies and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection (lumbar para-vertebral): Upheld

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

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

Decision rationale: This particular treatment is recommended only for myofascial pain syndrome as noted in the California Medical Treatment Utilization Schedule. There is limited "lasting value" noted with such intervention. Furthermore, these are not indicated with a radicular component, which is noted in this particular case. Furthermore, it is not clear from these records that appropriate physical therapy and stretching exercises have been completed to alleviate the trigger points. Therefore, based on the limited clinical rationale presented for review, this is not medically necessary.