

Case Number:	CM14-0095476		
Date Assigned:	07/25/2014	Date of Injury:	06/11/1999
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
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 records presented for review, indicates that this 65 year old male was reportedly injured on 6/11/1999 the mechanism of injury is undisclosed. The most recent progress note, dated 5/27/2014 indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated cervical spine: positive tenderness to palpation C4, five, and six, with muscle spasm noted; positive trigger points at trapezius, positive tenderness to palpation occipital region, restricted range of motion with lateral rotation, lumbar spine: positive tenderness to palpation lumbar spine at L4 to L5, paraspinal muscles tenderness bilaterally, positive trigger points at L4 to L5, and bilateral sciatica, sacroiliac (SI) joints tender to palpation bilaterally, limited range of motion. Diagnostic studies include X-rays of lumbar spine show degenerative joint disease, degenerative disc disease at L4 to L5 and S1. Previous treatment includes physical therapy, previous injections, and medications. A request was made for ultrasound guided trigger point injections at L5 and was not certified in the preauthorization process on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided trigger point injection L5 05172014: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than three months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation relating to the qualifications. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not considered medically necessary.

Ultrasound guided trigger point injections L5 06092014: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation. Furthermore, the record provides clear evidence of a suspected radiculopathy rather than myofascial pain syndrome. Based on the information provided, this request is not considered medically necessary.