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| Case Number: | CM14-0130203 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 11/27/2012 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 11/27/2012. The mechanism of injury reportedly occurred when the injured worker was involved in a helicopter crash. His diagnosis included back pain, knee pain, cervicgia, and depression with anxiety. His past treatments have included medications, physical therapy, cervical medial branch blocks, and trigger point injections. His diagnostic studies included a scoliosis study, performed on 04/02/2014, with findings of 3.2 cm of anterior sagittal imbalance and 2.8 cm of left lateral coronal imbalance. Minimal S shaped scoliosis and straightening of the sagittal curves. Cement augmentation of T7 is noted. Mild anterolisthesis of C2 on C3 and C3 on C4. Thoracic and lumbar vertebral bodies are relatively normal in alignment and height. No acute osseous or soft tissue abnormality is otherwise evident. His surgical history includes a thoracic spine kyphoplasty, performed on 02/18/2014. The injured worker presented on 07/29/2014 with complaints of mid and lower back pain, left knee and neck pain. Upon physical examination of the cervical area, extension caused sharp pain with radiation to the head and shoulders. His current medication regimen was not included. The treatment plan included a request for 8 physical therapy sessions for the mid back. The rationale for the request was that the injured worker was getting better since the therapy. A Request for Authorization form, dated 07/29/2014, was provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (TPI): 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 Trigger Point Injections Page(s): 122.

Decision rationale: The request for trigger point injections is not medically necessary. The injured worker has neck and back pain. The California MTUS Treatment Guidelines recommend trigger point injections for patients with documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. Additionally, the guidelines state that symptoms must have persisted for more than 3 months, and medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants, must have failed to control pain. The documentation submitted for review failed to provide evidence of trigger points upon physical examination with evidence of a twitch response, as well as referred pain. Additionally, there was no diagnosis of myofascial pain syndrome. Furthermore, there was no indication that the injured worker had been treated with muscle relaxants for the relief of myofascial pain. The documentation submitted did indicate that the injured worker had muscle tightness and taut muscle bands; however, there was never an indication of trigger points. Given the above, the request for Trigger point injection is not medically necessary.