

Case Number:	CM14-0172437		
Date Assigned:	10/23/2014	Date of Injury:	10/21/2011
Decision Date:	03/17/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 59 year old female who sustained an industrial injury on 10/21/2011. She has reported low back pain, radiculitis, shoulder pain with hand pain, and knee pain. The diagnoses have included cervical and thoracolumbar sprain with radiculopathy, bilateral rotator cuff tear, bilateral wrist/hand contusion, and bilateral carpal tunnel syndrome. Treatment to date has included epidural steroid injections, and oral and topical medications. Currently, the IW complains of continued right shoulder pain with referral to the hands and a tingling and numbing sensation. She also complains of left knee pain and low back constant tension with pain. There is palpable tenderness of the right posterior shoulder complex extending into the arm, Tinel's positive at the elbow and at the wrist causing tingling and numbness into the digits. On the low back, there continues to be significant pain and myofascial trigger points active in the lumbar paraspinal musculature. Straight leg raise is positive bilaterally at 65 degrees. On 09/18/2014 Utilization Review non-certified a request for Trigger point injection to the Coccyx (lumbar spine), (number of injection/s not specified, as an outpatient, noting the request is not supported by the guidelines. The MTUS, Chronic Pain Guidelines, Trigger Point Injections were cited. On 10/17/2014, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the Coccyx (lumbar spine), (number of injection/s not specified, as an outpatient): 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: Trigger point injection to the Coccyx (lumbar spine), (number of injection/s not specified, as an outpatient) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that trigger point injections can be used for myofascial pain. The criteria for injections is that radiculopathy should not present (by exam, imaging, or neuro-testing). The MTUS does not advise more than 3-4 injections per session. The request does not indicate an injection quantity. The request for an injection to the coccyx is not myofascial in nature and therefore not indicated. Additionally, the documentation indicates the patient has radicular symptoms and this is another reason why this request is not medically necessary.