

Case Number:	CM14-0178243		
Date Assigned:	10/31/2014	Date of Injury:	10/25/2011
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 40-year-old individual with an original date of injury of October 25, 2011. The patient was involved in a group lift of a gurney for a client who weighed approximately 600 pounds. The injured worker sustained chronic low back pain, and has had lumbar MRI which demonstrated disc degeneration and facet disease at multiple levels. There was also right neuroforaminal narrowing at L5-S1. The date of the lumbar MRI was April 17, 2012. Conservative treatments have included physical therapy, chiropractic therapy, acupuncture treatment, pain medications, eight way stimulation, and epidural steroid injections. The disputed request is for your point injections. The utilization review has denied this, stating that the clinical report did not document myofascial pain with documentation of positive twitch response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger point injections with Lidocaine 2ml and Kenalog 1ml 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Many progress notes document other findings such as reduced range of motion, +straight leg raise, and tenderness to palpation, but the guidelines clearly specify for these types of exam findings. In the absence of such documentation, the request is not medically necessary.