

Case Number:	CM14-0195189		
Date Assigned:	12/02/2014	Date of Injury:	06/09/2009
Decision Date:	01/30/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Orthopedic Surgery, has a subspecialty in Spinal Surgery, 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 55-year-old male with a date of injury of 06/09/2009. His mechanism of injury is not included in the medical record. His diagnoses included thoracic spondylosis and lumbar spondylosis. His past treatments include physical therapy. His diagnostic studies included x-rays of the lumbosacral spine from 07/23/2010, x-rays of the lumbar spine dated 08/21/2012. His surgical history included lumbar decompression on 08/20/2009, evacuation of hematoma with residual severe lower back pain, right foot drop on 08/21/2009, right knee medial meniscectomy and chondroplasty on 06/28/2011, 2 previous spinal cord implants on 08/28/2010 and 06/16/2011. The clinical note dated 11/04/2014, indicates the injured worker has complaints of lower back pain. His physical exam findings are documented as tenderness to palpation in lower thoracic and upper lumbar region. Muscle strength exam reveals 4+/5 strength on the right, limited by back pain, 5/5 on the left. His medications include Percocet, omeprazole, gabapentin, bupropion, ibuprofen, Cymbalta, Celebrex, Duraflex, Lyrica. His treatment plan includes re-requesting thoracic trigger point injections. The rationale for the request is the trigger point injections have offered significant pain relief in the past. The Request for Authorization form is signed and dated 11/17/2014, in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic trigger-point injections: Upheld

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

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

Decision rationale: The request for thoracic trigger point injections is not medically necessary. The injured worker states he uses his spinal cord stimulator daily except at night, he plans to undergo a total knee replacement after his wife's shoulder surgery. The California MTUS Guidelines state the criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, symptoms that have persisted for more than 3 months, conservative measures such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control the pain, radiculopathy is not present, not more than 3 to 4 injections per sessions, and no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The documentation submitted for review does not document a twitch response as well as referred pain. There is also a lack of documentation regarding the amount of pain relief obtained from previous injections, and any functional improvement the injured worker obtained. The request was submitted failed to include the quantity of trigger point injections being requested. Therefore, the request for thoracic trigger point injections is not medically necessary.