

Case Number:	CM14-0197321		
Date Assigned:	12/05/2014	Date of Injury:	08/06/2004
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

Patient with reported date of injury on 8/6/2004. No mechanism of injury was documented. Patient has a diagnosis of lumbosacral spondylosis without myelopathy, chronic pain syndrome, fibromyalgia, Thoracic/Lumbar radiculitis and degenerative disc disease. Medical reports reviewed. Last report available until 11/21/14. However since procedure was done on 10/14/14, criteria for service will be based on information available during time of procedure since prospective information does not retrospectively change criteria as per California MTUS guidelines. Last progress note reviewed until 10/20/14. Patient complains of low back pain radiating down leg to heel. Pain is 6-9/10. Objective exam reveals decreased range of motion in all planes with tenderness. Straight leg raise is negative. Slump test is negative. Patrick's is positive on right. Reverse Thomas was positive on right side. Neurological exam was normal. No tenderness to paraspinals from lumbar to thoracic. Documents reference tenderness over facet joints. There is rationale or justification documented on progress notes dated 8/22/14, 9/22/14 and 10/20/14 or procedure note dated 10/14/14. It also appears that patient may have received another Trigger point injection on 7/25/14 but no procedure note was documented. Current medications include Pamela and Oxycodone. Prior treatments include physical therapy and medications. Claimant has reportedly received epidural injections to back in the past. Independent Medical Review is for 3 trigger point injections with dexamethasone via ultrasound guidance (retrospective). Procedure was performed on 10/14/2014. Prior UR on 10/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 3 trigger point injections with Dexamethasone Sodium Phos ultrasound needle guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

Decision rationale: As per California MTUS Chronic pain Guidelines, Trigger Point Injections are recommended only for myofascial pain syndrome and is not recommended for radicular pain. Patient fails multiple criteria for trigger point injection. There is no documentation of actual trigger points and documentation of radicular pain. There is no justification or rationale documented for Trigger Point Injections but the provider. Trigger point injection is not medically necessary.