MAXIMUS Federal Services

Case Number:	CM14-0197748		
Date Assigned:	12/08/2014	Date of Injury:	07/14/2014
Decision Date:	03/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/25/2014

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: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old female was injured on 07/14/2014 during employment. The injured worker complained of low back pain and left knee pain. On provider visit dated 10/30/2014 she continued to complain of left knee pain, low back pain had resolved and was noted to have pain in the thoracic area during visit. Her pain was described as burning, numbness, painful, tingling and sharp. She has utilized braces, has had past physical therapy, and has used ice and heat. On examination she was noted to have tenderness to lumbar paraspinal area, tenderness in thoracic spine with no tenderness noted in the cervical spine area. She was noted to have good range of motion of cervical and lumbar spine. She was noted to be wearing a left knee brace. Her diagnoses were knee pain, pain in thoracic spine and fibromyositis. Treatment plan was noted as home exercise, left knee injection, trigger point injections for her low back, and a review of her medication regimen. The injured worker was noted to have undergone an MRI of the left knee on 9/22/2014 but evidence of report was submitted for this review. The documented noted the injured worker not to be working. The Utilization Review dated 11/24/2014 non-certified the request for outpatient knee injection and outpatient low back trigger point injections as not medically necessary. The reviewing physician referred to CA MTUS Guidelines, CA MTUS Chronic Pain, trigger point injections and ACOEM Occupational Medicine Practice Guidelines (Knee Complaints) for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that injections in the knee are not routinely indicated, but is an option when conservative measures have been exhausted. In the case of this worker, although an injection may have been indicated, the request was not specific enough to approve the request. There was no medication or medications listed to be used for the injection, which is required. Therefore, the left knee injection is not medically necessary as it is currently requested (incomplete).

Low back trigger point injection: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, there was minimal evidence of suggestive of trigger points found in the notes available for review. Also, injections for typical low back pain are not recommended. Also, the request was incomplete, missing the number of injections. Therefore, the trigger point injections will be considered medically unnecessary.