

Case Number:	CM14-0208097		
Date Assigned:	12/22/2014	Date of Injury:	04/15/2014
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, Hospice and Palliative Care 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:

This is a 26 y/o Male who had industrial injury on 4/15/14 related to a fall. He had obtained MRI scans, EMG of the lower extremities (that did not show evidence of acute radiculopathy), acupuncture, physical therapy, trigger point injections, and medications. Examination on 12/1/14, the injured worker states the trigger point injections did not help and actually aggravated his back creating more spasms in his lower back. Examination on 10/30/14 did show multiple trigger points with a twitch response. On 11/17/14 a modified recommendation was made for a request of trigger point injections x6 to allow for x4. The rationale for the modified request was due to guidelines recommending only 3 to 4 injections at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the lower thoracic spine and lumbar spine x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of TPIs (Trigger point injection)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 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. Guidelines states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, the injured worker actually got worse after the trigger point injections. Additionally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. Furthermore, guidelines also state not more than 3-4 injections per session. In the absence of such documentation and clarity regarding the above issues, the requested trigger point injections are not medically necessary.