

Case Number:	CM14-0091426		
Date Assigned:	07/25/2014	Date of Injury:	01/29/2014
Decision Date:	04/10/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/18/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male who sustained a work related fall injury to the lower back, bilateral shoulders, cervical spine, right knee, right ankle, right forearm, wrist and hand on January 29, 2014. Initial x-Rays were negative for fractures. According to the primary treating physician's progress report on February 18, 2014, the patient continues to experience pain in the lower back, neck, bilateral shoulders left greater than right, right knee, right hand and arm pain with numbness. The injured worker ambulates with a cane. Current medications are listed as Norco, Ibuprofen and Flexeril. Treatment modalities consist of physical therapy, chiropractic therapy and home exercise program and muscle stretching. The injured worker is on temporary total disability (TTD). On June 9, 2014, the Utilization Review denied certification for Four (4) Trigger point injections to the cervical spine, thoracic and lumbar muscles between 05/09/2014 and 05/092014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger point injections to the cervical spine and thoracic and lumbar muscles between 05/09/2014 and 05/092014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

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. ODG 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, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. As such, the requested trigger point injections are not medically necessary.