

Case Number:	CM15-0000920		
Date Assigned:	01/12/2015	Date of Injury:	03/13/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Internal Medicine

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 injured worker is a 60 year old female who sustained an industrial injury on March 13, 2013. The injured worker reported low back pain and right foot pain as a result of the accident. Diagnoses include metatarsophalangeal joint degenerative disease, status post-surgery of the first metatarsophalangeal joint, chronic pain syndrome, Bertolotti's syndrome, left carpal tunnel syndrome and lumbar spondylosis. Treatment to date has included pain medication, MRI of the lumbar spine, right foot surgery and a recent trigger point injection. MRI of the lumbar spine revealed degenerative changes in the lumbar spine and moderate foraminal narrowing at the lumbar five-sacral one level. Current documentation dated November 18, 2014 notes that the injured worker reported lumbar pain, right foot pain and left hand pain. He reported left hand numbness, worsening with the weather. The injured worker underwent a recent trigger point injection with seventy percent pain relief for one week. The pain did return but not as severe as before. Physical examination revealed tenderness in the lumbar spine and range of motion was decreased with lumbar flexion and extension. On January 5, 2015, the injured worker submitted an application for IMR for review of a retrospective outpatient Ultrasound Guided Trigger Point Injection for the low back due to the positive exam findings and positive MRI findings. On December 17, 2014 Utilization Review non-certified the request for the retrospective outpatient Ultrasound Guided Trigger Point Injection for the low back. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 11/18/14, Ultrasound guided trigger point injection for the low back:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300, 309.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. Medical records document low back conditions. ACOEM guidelines indicate that trigger point injections are not recommended for low back conditions. Therefore, the request for trigger point injections is not supported by ACOEM guidelines. Therefore, the request for trigger point injection for the low back is not medically necessary.