MAXIMUS Federal Services

Case Number:	CM15-0006637		
Date Assigned:	01/26/2015	Date of Injury:	04/22/2010
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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, Washington
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 58-year-old female who reported an injury on 04/22/2010. On 12/08/2014, she presented for a followup evaluation. She reported that her back pain was slowly improving, that she had decreased her pain medications. She did report spasms and some pain around the incision site. A physical examination showed an incision that was healing very well with no signs of infections or wound hedges. 2 x-rays of the lumbar spine showed that the hardware had been removed. She was diagnosed with status post hardware removal and exploration of fusion, status post L5-S1 revision decompression and posterolateral fusion, and status post L5-S1 lumbar decompression with instrumentated fusion. The treatment plan included aquatic therapy, postoperative physical therapy, and pain medication refills. The request was for retrospective trigger point injection, date of service 12/09/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Trigger point injection (Date of service: 12/9/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: The California MTUS Guidelines recommend trigger point injections when there is evidence of myofascial pain syndrome. Based on the clinical documentation submitted for review, the injured worker did not have documentation indicating that she had myofascial pain syndrome to support the request for trigger point injections on the date of service 12/09/2014. Also, trigger point injections were not part of the injured worker's treatment plan on 12/08/2014. Therefore, the trigger point injections that were performed on 12/09/2014 are unclear and are not supported. Therefore, the request is not supported by the evidence based guidelines. As such, the request was not medically necessary.