MAXIMUS Federal Services

Case Number:	CM15-0100215		
Date Assigned:	06/02/2015	Date of Injury:	05/16/2008
Decision Date:	11/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 5-16-08. The injured worker was diagnosed as having lumbar degenerative disc disease; lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy; left knee injections; lumbar epidural steroid injection (12-22-14); medications. Currently, the PR-2 notes dated 5-4-15 indicated the injured worker has a history of neck and low back pain in the setting of failed neck surgery syndrome and lumbar facet osteoarthritis and degenerative disc disease. The injured worker is in this office for a routine visit and medication refills. The provider documents "He reports that without medications the pain is 9 out of 10 and with medications the pain is 4 out of 10 on VAS scale." The injured worker reports the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow injured worker to complete necessary activities of daily living. The provider notes "Patient is in obvious distress today from his low back pain. His medications help him by 30-50% to reduce pain and allow him to barely walk, do chores, and do his shopping. Patient states that without medications he will be bed bound. His last MRI was over 5 years ago and his symptoms have become intolerable." The provider documents a physical examination and treatment plan. He has refilled his prescriptions for pain medications and requesting a MRI of the lumbar spine. The PR-2 notes dated 4-16-15 was for a re-examination of the injured workers left knee and advanced medial compartment osteoarthritis. The provider documents a cortisone injection to the right knee was given 12-19-114 and reports 85-90% improvement of symptoms for approximately 2 days with return of pain and again experiencing burning pain. A repeat

injection was done on his last visit with 80% relief lasting 3 weeks but now worn off. The provider's treatment plan is to recommend Orthovisc injections and an un-loader knee brace. PR-2 notes 3-5-15 are regarding the injured workers left knee pain as well. A Request for Authorization is dated 5-22-15. A Utilization Review letter is dated 5-18-15 and non-certification for 1 Left Trigger Point Injections for the trapezius, unspecified levels. A request for authorization has been received for 1 Left Trigger Point Injections for the trapezius, unspecified levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Trigger Point Injections for the trapezius, unspecified levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: 1 left trigger point injections for the trapezius, unspecified levels is not medically necessary per the MTUs Guidelines. The MTUS states that for trigger point injections there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not reveal evidence of a trigger point injection with a twitch response and referred pain therefore this request is not medically necessary.