

Case Number:	CM15-0017056		
Date Assigned:	02/04/2015	Date of Injury:	12/13/1996
Decision Date:	04/08/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old female, who sustained an industrial injury on December 13, 1996. The diagnoses have included degenerative lumbar disc disease and myofascial pain syndrome. Treatment to date has included myofascial therapy, home exercise program, TENS, and medications. Currently, the injured worker complains of low back flare-ups with pain in the right hip. The Treating Physician's report dated September 10, 2014, noted a low back flare-up, requesting trigger point injections. Physical examination was noted to show discrete trigger points over the low back and buttocks with muscle twitch points, receiving a trigger point injections over the right and left low back and buttocks. The Treating Physician's report dated December 9, 2014, noted the injured worker requested trigger point injections as without them her muscles become tight and painful, she had walking limitations and exercises were difficult to perform. Physical examination noted palpation revealing discrete tender trigger points over the low back and buttocks with muscle twitch points, receiving trigger point injections over the right and left low back and buttocks. On December 18, 2014, Utilization Review non-certified retrospective requests for a trigger point injection for the date of service of September 10, 2014, and a trigger point injection for the date of service of December 9, 2014, noting that documentation did not describe well-demarcated circumscribed trigger points with evidence of both twitch response and referred pain that had been present for at least three months, and did not identify the injured worker's participation and failure of therapy such as ongoing stretching or utilization of non-steroid anti-inflammatory drugs (NSAIDs). The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 27, 2015, the injured worker submitted an

application for IMR for review of retrospective requests for a trigger point injection for the date of service of September 10, 2014, and a trigger point injection for the date of service of December 9, 2014. Of note, records indicate both the 9/10/14 and 12/9/14 TPIs were repeat injections; prior trigger point injections were provided on 6/11/14 to the low back and buttocks bilaterally. Subsequent notes discuss 50% pain improvement with increased functional ADLS and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 09/10/14 Trigger point injection: Upheld

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

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

Decision rationale: MTUS recommends repeat trigger point injections if greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. In this case functional improvement is documented in general or subjective terms but not in verifiable terms such as per CAMTUS Section 92.20. The records and guidelines do not support this request. The request is not medically necessary.

(Retro) DOS 12/09/14 Trigger point injection: Upheld

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

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

Decision rationale: MTUS recommends repeat trigger point injections if greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. In this case functional improvement is documented in general or subjective terms but not in verifiable terms such as per CAMTUS Section 92.20. The records and guidelines do not support this request. The request is not medically necessary.