

Case Number:	CM15-0131348		
Date Assigned:	07/17/2015	Date of Injury:	07/31/2010
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 35-year-old who has filed a claim for chronic low back and hip pain with derivative complaints of insomnia reportedly associated with an industrial injury of July 31, 2010. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for a follow up visit to perform trigger point injections. The claims administrator framed the request as a repeat trigger point injection request. A June 17, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported ongoing complaints of low back with pins and needles like sensation about the left lower limb. The applicant had received recent acupuncture as well as a prior trigger point injection, it was reported. A TENS unit, heating pad, massager device, naproxen, Prilosec, Lunesta, and LidoPro cream were sought. The applicant was asked to consider a left trochanteric bursitis injection as well as a lumbar paraspinal musculature trigger point injection. Work restrictions were endorsed, although it was not clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit for trigger point injections: Upheld

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

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

Decision rationale: No, the request for a follow up office visit to perform a trigger point injection was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain. Here, however, the applicant presented on June 17, 2015 reporting complaints of low back pain radiating into the left lower limb with pins and needles like sensations appreciated about the same. It was not clearly stated why trigger point injection therapy was sought in the context of the applicant's having ongoing lumbar radicular pain complaints. The request in question also represented a request for a repeat trigger point injection. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, it was not clearly stated whether the applicant was or was not working on June 17, 2015. Work restrictions were renewed on that date. The applicant remained dependent on various other forms of medical treatment to include naproxen, Lunesta, topical LidoPro, a TENS unit, a heating pad, a Thera Cane massager, acupuncture, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier trigger point injections in unspecified amounts of physical therapy over the course of the claim. Therefore, the request for a repeat trigger point injection was not medically necessary.