

Case Number:	CM15-0135739		
Date Assigned:	07/23/2015	Date of Injury:	02/14/2010
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

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 72 year old female who sustained an industrial injury on 2/14/10 when she slipped and then caught herself causing her to do a split and to tear her hamstring. She was sent home with ice. She currently complains of low back pain as well as pain down the hamstrings with knots in the right hamstring making sitting difficult. Acupuncture helps her back pain, she is able to get around better, it helps her relax and it has improved her sleep. On physical exam there was tenderness at the lumbosacral junction and right distal hamstring, spasming towards the lower portion of the hamstring, twitch response on the knot of the tendon, she may have trigger points in this region. Medications were Lidoderm patch 5%. Diagnosis was chronic central low back pain. Treatments to date include acupuncture with benefit; transcutaneous electrical nerve stimulator unit which helps with muscle spasm; physical therapy; medications. Diagnostics include MRI (2010) showing multi-level mild degenerative disk changes, bulging disk; MRI of the pelvis (12/2010) showed marrow edema at the right sacrum near sacroiliac joint with possible fracture line. In the progress note dated 6/29/15 the treating provider's plan of care includes a request for a trial of trigger point injections into the right hamstring as she had palpable spasms or trigger points in the hamstring with a twitch response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Trigger Point Injection Right Hamstring: 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, 122 Page(s): 122.

Decision rationale: The claimant sustained a work injury in February 2010 and continues to be treated for low back and right hamstring pain. When seen, acupuncture had not made much of a difference. She was having difficulty sitting for long periods of time. Physical examination findings included right distal hamstring tenderness with spasms and a twitch response. A trial of trigger point injections was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of referred pain is not documented where referred pain would be expected to extend distally to just past the knee. A series of planned trigger point injections would also not be considered medically necessary.