

Case Number:	CM15-0136107		
Date Assigned:	07/24/2015	Date of Injury:	04/14/2014
Decision Date:	09/21/2015	UR Denial Date:	06/08/2015
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 35 year old male who sustained an industrial injury on 04-14-14. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, physical therapy, chiropractic care, and trigger point injections. Diagnostic studies include a MRI of the thoracic spine. Current complaints include chronic id thoracic pain. Current diagnoses include chronic pain. In a progress note dated 06-02-15 the treating provider reports the plan of care as trigger point injections mid thoracic at 2 sites. The requested treatments includes trigger point injections mid thoracic at 2 sites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection at 2 sites mid thoracic area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, p122.

Decision rationale: The claimant sustained a work-related injury in April 2014 and is being treated for chronic thoracic pain. Thoracic trigger point injections were performed on 05/12/15. On June 10, 2015 when seen for a QME there was decreased pain after the injections. When requested less than one month later, he was having continued thoracic pain. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the repeat trigger point injection was requested less than one month after the previous injection procedure. The requested trigger point injection was not medically necessary.