MAXIMUS Federal Services

Case Number:	CM15-0139981		
Date Assigned:	07/29/2015	Date of Injury:	08/10/1994
Decision Date:	08/26/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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:

This injured worker is a 58 year old female who reported an industrial injury on 8-10-1994. Her diagnoses, and or impression, were noted to include: Cervico-thoracic strain-arthrodesis-radiculopathy-discopathy with neural foraminal stenosis; lumbosacral disc bulges; lumbosacral strain-arthrosis-discopathy with neural foraminal stenosis; and chronic myofascial dysfunction. No current imaging studies were noted. Her treatments were noted to include an agreed medical examination; consultations; diagnostic studies; and medication management. The progress notes of 6-11-2015 noted a follow-up visit stating she felt good with her low back pain at that time, that it felt stable and manageable, and that she continued to do her home exercises as needed; and of bilateral lower extremity radicular symptoms. Objective findings were noted to include positive cervical Spurling's with decreased sensation in the bilateral arms-forearms, and decreased grip; positive bilateral straight leg raise with decreased sensation and range-of-motion, and positive lumbar triggers. The physician's requests for treatments were noted to include bilateral lumbar trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bilateral L5 Trigger point injections under ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections. Decision based on Non-MTUS Citation (Colorado, 2002) (BlueCross BlueShield, 2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous care. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 2 Bilateral L5 Trigger point injections under ultrasound is not medically necessary and appropriate.