

Case Number:	CM15-0166533		
Date Assigned:	09/04/2015	Date of Injury:	06/13/2010
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker was a 43-year-old female, who sustained an industrial injury, June 30, 2010. The injury was sustained when the injured worker's right foot was run over by a power jack, injuring the right foot and lower back. The injured worker previously received the following treatments Norflex, Ibuprofen, Orphenadrine, trigger point injection, Tylenol #3, Flector patches and Robaxin. The injured worker was diagnosed with right foot and back pain, piriformis syndrome right, lumbar strain and right foot contusion injury. According to progress note of July 2, 2015, the injured worker's chief complaint was injured worker reported the pain was so bad at after a day at work the injured worker limps. The injured worker rated the pain at 4 out of 10. The injured worker was unable to get medications authorized. The pain was described as constant aching pain, sharp and throbbing with occasional movements. The injured worker was having difficulty with sleeping at night secondary to pain. The physical exam noted tenderness with palpation of the sciatic notch and right buttock muscle around the sciatic nerve and piriformis muscles that radiated down the leg. The injured worker was able to stand on toes and heels without deviation. The piriformis stretch was positive. According to the progress noted of February 19, 2015, the pain was much improved after the trigger point injections. According to the progress note of April 2, 2015, the injured worker had done well with the trigger point injections. The treatment plan included a request for an ultrasound guided trigger point injection for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided trigger point injection for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The 43-year-old patient complains of hip pain along with tenderness to palpation over the junction of piriformis musculature and gluteus medius musculature at the attachment to sacrum, as per progress report dated 07/02/15. The request is for ULTRASOUND GUIDED TRIGGER POINT INJECTION FOR THE RIGHT HIP. The RFA for this case is dated 07/28/15, and the patient's date of injury is 06/13/10. Medications, as per progress report dated 04/02/15, included Ibuprofen and Norflex. The patient is working, as per progress report dated 07/02/15. The MTUS Chronic Pain Medical Treatment Guidelines 2009, page 122 and Trigger Point Injections section, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, the request for ultrasound-guided trigger point injection is noted in progress report dated 07/02/15. A review of the records indicates that the patient received a trigger point injection on 01/22/15. As per progress report dated 04/02/15, the patient "has done well with trigger point injections..." In progress report dated 02/19/15, the treater states "pain is much better after the trigger point injections." The treater, however, does not document "a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement," as required by MTUS for all repeat injections. Hence, the request IS NOT medically necessary.