

Case Number:	CM15-0183791		
Date Assigned:	09/29/2015	Date of Injury:	11/08/2013
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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 52 year old female, who sustained an industrial injury on 11-08-2013. The injured worker was diagnosed as having lumbar disc syndrome, lumbar radiculitis, post dural puncture headache, and cannot rule out tear. On medical records dated 08-20-2015 and 06-23-2015, the subjective complaints were noted as daily chronic headaches and low back pain. Pain was noted as a 4-5 out of 10 with medication and 9 out of 10 without medication. Objective findings were noted as lumbar spine having tenderness in the lumbar paraspinal musculature and straight leg raise was positive with a low back pain that radiated down left leg. Neuro exam was noted as cranial nerves II through XII intact. Headache increased in the upright position, no associated neurologic symptoms noted, no signs of infections and no meningeal signs. Treatments to date included dural puncture, laboratory studies and medication. Current medications were listed as Norco, Gabapentin, Protonix, Lunesta and Diazepam. The Utilization Review (UR) was dated 08-27-2015. A request for pain management follow-up for consideration for trigger point injections was submitted. The UR submitted for this medical review indicated that the request for pain management follow-up for consideration for trigger point injections was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management followup for consideration for trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127.

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

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 continued treatment. 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 radicular symptoms and post SLR signs which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Pain management follow-up for consideration for trigger point injections is not medically necessary and appropriate.