

Case Number:	CM15-0204505		
Date Assigned:	10/21/2015	Date of Injury:	01/23/2013
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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 is a 54 year old male with an industrial injury dated 01-23-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar status post-surgery in 2006 with an exacerbation in 2013, pain in the upper and lower extremities, left knee pain, cervical myofascial pain, lumbar radiculopathy and thyroid problems. According to the progress note dated 09-17-2015, the injured worker reported continued low back pain with radiation to the lower extremities (left greater than right), left knee pain and headaches. Pain level was 3 out of 10 on a visual analog scale (VAS). Documentation noted that the injured worker presented for trigger point injection #3. Previous trigger point injection was noted to be helpful. Objective findings (08-27-2015, 09-10-2015, 09-17-2015) revealed tenderness to palpitation in lumbar "PSM", shoulder abduction of 100-110 degrees and the injured worker was wearing a lumbar brace. Treatment has included diagnostic studies, prescribed medications, chiropractic treatment, epidural, lumbar brace, at least three trigger point injections (08-27-2015, 09-10-2015, 09-17-2015), home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, heating pad, and periodic follow up visits. The utilization review dated 09-28-2015, non-certified the request for four trigger point injections and the purchase of RTC heel cups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four trigger point injections: Upheld

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

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 multiple previous injections. Guidelines do not recommend repeating the trigger point injections unless there is noted 50% pain relief for duration of at least 6 weeks with documented functional improvement, not demonstrated here. Request for repeating the TPI was made in a week of previous injection with unchanged pain rating level comparing pre and post injection. 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 TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Four trigger point injections is not medically necessary and appropriate.

One purchase of RTC heel cups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic):Heel Pads.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Heel Pads, pages 20-21.

Decision rationale: Per Guidelines, there is little information available from trials to support the use of heel pads in the treatment of acute or chronic Achilles tendinitis, but as part of the initial treatment of proximal plantar fasciitis, when used in conjunction with a stretching program, a prefabricated shoe insert is more likely to produce improvement in symptoms than a custom polypropylene orthotic device or stretching alone. However, clinical findings per submitted medical reports only relate to radicular low back complaints and diagnoses without any reference of any heel or midfoot deformities or positive testing, consistent for plantar fasciitis. The One purchase of RTC heel cups are not medically necessary and appropriate.