

Case Number:	CM15-0205357		
Date Assigned:	10/22/2015	Date of Injury:	12/14/2004
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
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: Pennsylvania, Ohio, 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 53-year-old female, who sustained an industrial injury on 12-14-2004. A review of the medical records indicates that the injured worker is undergoing treatment for history of right ankle lateral malleolar avulsion fracture, right ankle chronic sprain-strain, status post multilevel lumbar fusion, status post hardware removal from the lumbar spine, lumbar discogenic disease, chronic low back pain, chronic intractable pain, and left knee sprain-strain. On 8-26-2015, the injured worker reported chronic low back pain, chronic right ankle sprain with history of lateral malleolar avulsion fracture, and coccyx sacrum tenderness post fall. The Treating Physician's examination dated 8-26-2015, noted the injured worker reported having severe spasms the previous night, able to decrease her medications to two Norcos daily, with continued bruising to the left knee without any new falls. The injured worker rated her pain as 8-9 out of 10, decreased to 3 out of 10 with medications. The injured worker was noted to be able to perform her daily activities with the use of her medications. The physical examination was noted to show positive straight leg raise bilaterally to 60 degrees with painful and decreased range of motion (ROM) of the lumbar spine, and decreased sensation mostly on the left at L5. The treatment plan was noted to include refill of the Prilosec, Norco, Klonopin, Zofran, and Compazine, continued home exercise program (HEP), request for left knee MRI, and trigger point injection of Celestone and Marcaine to the right side of the lumbar spine. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 10-2-2015, requested trigger point injection to the right side of the lumbar spine. The Utilization Review (UR) dated 10-12-2015, non-certified the request for trigger point injection to the right side of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the right side of the lumbar spine: 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: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.