

Case Number:	CM15-0206794		
Date Assigned:	10/23/2015	Date of Injury:	09/04/1996
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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:

The injured worker is a 65 year old male, who sustained an industrial injury on 9-4-1996. The injured worker is undergoing treatment for low back pain, long term use of medication, status post lumbar laminectomy, lumbar degenerative disc disease (DDD), lumbago and lumbar radiculopathy. Medical records dated 9-11-2015 indicate the injured worker complains of back pain radiating to the hips and bilateral lower extremities. The injured worker indicates "pain control is much better, is able to ambulate with ease and complete activities of daily living (ADL)." He rates pain 7 out of 10 and reports sleep as average. Physical exam dated 9-11-2015 notes lower lumbar tenderness to palpation, painful decreased lumbar range of motion (ROM), positive Patrick's test and slow gait with use of a cane. Treatment to date has included surgery, oral, transdermal and topical medication. The original utilization review dated 9-29-2015 indicates the request for trigger point injection to the left foot X3 is non-certified.

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 Left foot x3: 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 current request is for TRIGGER point injection to the left foot x3. Treatment history include physical therapy, lumbar surgery, brace, low back injections, and medications. The patient is not working. MTUS does not discuss Trigger point injections for the feet. The MTUS Guidelines, on page 122, 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." Per report 09/03/15, the patient presents with a lump on the bottom of his left foot. The treater states that there is "IPK sub-fifth metatarsal head bilaterally worse in the left than right." Examination revealed erythema and edema. The patient was diagnosed with Painful capsulitis with IPK sub-fifth metatarsal head, left foot. The request is for a trigger point injection to address the patient's intractable plantar keratosis. MTUS supports trigger point injections for myofascial pain syndrome, and when there is evidence upon palpation of a twitch response as well as referred pain. There are no such findings documented for this patient. More importantly, the guidelines provide no discussion supporting this type of injection for intractable plantar keratosis. Given the lack of guideline support, the request is not medically necessary.