

Case Number:	CM15-0024260		
Date Assigned:	02/13/2015	Date of Injury:	10/10/2009
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona
 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 45-year-old male who reported an injury on 10/10/2009. The mechanism of injury involved heavy lifting. The injured worker is diagnosed with left sided sacroiliitis, acute onset of pain with neurologic deficit in the left lower extremity, status post L3-5 laminectomy on 03/25/2014, adjacent level disease at C3-4, and status post C4-7 anterior cervical discectomy and fusion. The current request is for the retrospective service on 01/15/2015. However, the latest physician progress report submitted for this review is documented on 12/01/2014. The injured worker presented for a follow-up evaluation with complaints of a marked aggravation of low back pain with burning dysesthesia. Upon examination, there was severe muscle spasm noted. There was markedly limited range of motion with forward flexion to 20 degrees and extension to 30 degrees. X-rays obtained in the office visit revealed no midline or paraspinal abnormalities. Recommendations included a course of anti-inflammatory medication, muscle relaxants, and a compounded cream. The provider also recommended a brief course of physical therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injections to the right superior iliac crest, DOS 1/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, there was no evidence of trigger points upon examination. There was no evidence of a failure of medical management therapies such as ongoing stretching exercise, physical therapy, NSAIDs, or muscle relaxants. The physician progress note dated 01/15/2015 was not provided for this review. Given the above, the request is not medically appropriate.