

Case Number:	CM15-0025179		
Date Assigned:	02/17/2015	Date of Injury:	03/30/2013
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 37 year old female, who sustained an industrial injury on 3/30/13. On 2/10/15, the injured worker submitted an application for IMR for review of Outpatient: Trigger Point Injection of Left Buttock. The treating provider has reported the injured worker complained of painful right plantar fascia. Injured worker is documented as doing exercises, wears orthotic, medicates for this pain. There are also provider notes and examinations for back issues. The diagnoses have included ankle sprain, plantar fasciitis, and tendonitis peroneal. On 1/9/15, the note indicated the claimant has no needed for further pain interventions. Treatment to date has included plantar fascia injections (12/11/14, 9/14, 7/3/14). On 1/16/15 Utilization Review non-certified Outpatient: Trigger Point Injection of Left Buttock. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Trigger Point Injection of Left Buttock: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: 13th edition Ankle & Foot (updated 12/22/14) Injections (corticosteroid)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had already received epidural injections in the past. There was no recent need for pain interventions based on a recent progress note cited above. Therefore the request for buttock trigger point injection is not medically necessary.