

Case Number:	CM15-0026657		
Date Assigned:	02/19/2015	Date of Injury:	08/19/2007
Decision Date:	04/21/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic low back, wrist, hand, and myofascial pain syndrome reportedly associated with an industrial injury of August 19, 2007. In a Utilization Review Report dated January 15, 2015, the claims retrospectively denied four trigger point injections performed on December 18, 2014. The claims administrator stated that the applicant had multiple trigger point injections over the course of claim, including on September 15, 2014, and had apparently failed to profit from the same. The applicant's attorney subsequently appealed. On July 14, 2014, the applicant previously received trigger point injections. Permanent work restrictions were apparently imposed. 6/10 pain was noted. The attending provider acknowledged that the portions of the applicant's claim were being adjudicated through the Worker's Compensations Appeals Board (WCAB). The applicant received trigger point injections on this occasion, and had, moreover, received previous trigger point injections on April 23, 2014. Ambien, Neurontin, Norco, Lidoderm, and Ativan were renewed. The applicant apparently received further trigger point injections on December 18, 2014. Ambien, Neurontin, Norco, Ativan, and permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place. 7/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Trigger Point Injections (4 units on 12/18/14): Upheld

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

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

Decision rationale: No, the request for four trigger point injections apparently performed on December 18, 2014, was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, a pursuit of repeat trigger point injections should be predicated on evidence of functional improvement with earlier blocks. Here, however, the applicant was seemingly off of work, despite receipt of multiple sets of trigger point injections in 2014 alone. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Neurontin, Norco, Ativan, Lidoderm and Ambien. Permanent work restrictions imposed by a medical-legal evaluator were renewed, unchanged, from visits to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite receipt of multiple trigger point injections over the course of the claim. Therefore, the request for four trigger point injections performed on December 18, 2014, was not medically necessary.