

Case Number:	CM15-0218035		
Date Assigned:	11/09/2015	Date of Injury:	04/14/2010
Decision Date:	12/21/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 4/14/2010. The injured worker was being treated for left hamstring tear with sciatic nerve entrapment and neuropathic pain and left knee posttraumatic arthritis with knee revision x2. Treatment to date has included diagnostics, multiple orthopedic surgeries, cognitive behavior therapy, lumbar epidural steroid injections, trigger point injections, and medications. On 10-21-2015, the injured worker complains of increase pain spasms in the left buttock and instability for 1-2 days. She reported recurring spasm in the tear region and reported that her knee buckled and gives out, resulting in falls without warning. Current medications included Percocet, Voltaren gel, Baclofen, Lidoderm patch, Brintellix, Lyrica, Zolpidem, Pantoprazole, Plaquenil, Cardizem LA, and Piroxicam. Exam noted a grossly antalgic gait and tender left buttock ischium hamstring insertion. She received injection Marcaine-Ketorolac to the left buttock, in an area of myofascial tenderness circumscribed with twitch response, in tight muscle bands. Injection reduced pain from 7 out of 10 to 4 out of 10 with no immediate complications noted. Her work status was modified and she was not working. Prior trigger point injection to the left posterior thigh hamstring and buttock on 9-21-2015. On 10-30-2015, Utilization Review non-certified a request for trigger point injection to the left buttock (DOS 10-22-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

TPI Injection to the buttock DOS: 10/22/2015: 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 claimant sustained a work injury in April 2010 when she slipped and fell with injuries including a right humeral fracture and left hamstring avulsion. She has a history of right shoulder surgery in November 2012 and bilateral knee surgeries in 2013. In October 2015, she had fallen 1-2 days before and had increased left buttock pain and spasms with instability. She had a history of a left hamstring tear and avulsion with recurrent falls and re-injury. She had also fallen in April 2015. Physical examination findings included a grossly antalgic and waddling gait. There was left buttock tenderness at the ischium. There was hip flexion and extension weakness with pain and guarding. An injection was performed with lidocaine, marcaine, and ketorolac in the area of tenderness. There was a twitch response and there were tight muscle bands. There was decreased pain from 7/10 to 4/10 after the injection. Authorization for Botox was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain and that symptoms have persisted for more than three months despite conservative treatments. In this case, the presence of referred pain is not documented and the claimant had fallen just 1-2 days before. The trigger point injection performed was not medically necessary.