

Case Number:	CM15-0030537		
Date Assigned:	02/24/2015	Date of Injury:	07/06/2009
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 55 year old male, who sustained an industrial injury on 7/6/09. On 2/18/15, the injured worker submitted an application for IMR for review of Trigger point injections at bilateral T11 through 12, and Trigger Point injections at bilateral L5 through S1. The treating provider has reported the injured worker complained of increased pain with activity with thoracolumbar spine spasms. The diagnoses have included degeneration lumbar lumbosacral intervertebral disc; lumbar disc degeneration; lumbar radiculitis, chronic back pain. Treatment to date has included physical therapy, trigger point injections (10/14/14), MRI thoracic spine (3/25/11); MRI lumbar spine (8/21/14), urine drug screening for medical management, medications, bilateral S1 epidural steroid injection (12/23/14). On 2/13/15 Utilization Review non-certified Trigger point injections at bilateral T11 through 12, and Trigger Point injections at bilateral L5 through S1. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections at bilateral T11 through 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections Page(s): 122.

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

Decision rationale: A review of the attached medical record indicates that the injured employee has previously received trigger point injections however it is not documented what type of relief was achieved with this. The California MTUS recommends at least 50% pain relief from prior injections to consider an additional series. As such, this request for trigger point injections is not medically necessary.

Trigger Point injections at bilateral L5 through S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections Page(s): 122.

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

Decision rationale: A review of the attached medical record indicates that the injured employee has previously received trigger point injections however it is not documented what type of relief was achieved with this. The California MTUS recommends at least 50% pain relief from prior injections to consider an additional series. As such, this request for trigger point injections is not medically necessary.