

Case Number:	CM15-0030770		
Date Assigned:	02/25/2015	Date of Injury:	12/24/2010
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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 50-year-old female who reported an injury on 02/24/2010 due to an unspecified mechanism of injury. On 01/07/2015, she presented for a follow-up evaluation regarding her work related injury. She reported experiencing debilitating lower back pain that was axial in nature, rated at a 9/10 in intensity. It was noted that she had undergone 2 diagnostic facet injections and a lumbar facet medial branch block that provided at least 75% relief. She also reported experiencing pain into both shoulders, right greater than the left. She was noted to be taking Norco, OxyContin, Anaprox, Prilosec, Neurontin, and Cymbalta for pain relief. A physical examination showed decreased range of motion in the lumbar spine with tenderness to palpation about the paravertebral musculature and sciatic notch region. There were also tender points and taut bands with tenderness noted throughout the lumbar spine. Pain was reproducible with facet loading along the lumbar spine bilaterally. Neurologic examination showed decreased strength in the right ankle flexion, extension, and great toe extension at 4/5. There was also decreased sensation along the posterolateral thigh and left calf and a positive straight leg raise. She was diagnosed with lumbar degenerative disc disease with herniated nucleus pulposus and facet arthropathy, status post exploratory laparotomy, bruxism and grinding teeth, reactionary depression and anxiety, medication induced gastritis, and right and left shoulder sprain and strain. The treatment plan was for 4 trigger point injections. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) trigger point injections provided on 1/7/15 (retrospective): 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 Trigger Point Injections Page(s): 122.

Decision rationale: The California MTUS Guidelines recommend trigger point injections when all of the following criteria are met: there should be documentation of trigger points with evidence of palpation of a twitch response as well as referred pain; symptoms should be persistent for more than 3 months; medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants, have failed to control pain; radiculopathy is not present by exam, imaging, or neuro testing; and no more than 3 to 4 injections should be done per session. The documentation provided shows that the injured worker had decreased sensation and motor strength in a specific dermatomal and myotomal distribution. These findings in that radiculopathy may have been present, and therefore, the requested trigger point injections would not have been supported. Also, there was a lack of documentation showing that she had tried and failed all recommended conservative therapy options to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.