

Case Number:	CM15-0035780		
Date Assigned:	03/04/2015	Date of Injury:	12/20/2002
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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, Hawaii

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 67-year-old male, who sustained an industrial injury on December 20, 2002. He has reported a back injury. The diagnoses have included lower leg traumatic arthropathy. Treatment to date has included massage, medications, and epidural injections. Currently, the IW complains of back pain, sciatica and pain into the legs. The records indicate he requested injections, and that an epidural helped 70% with pain and massage is helping. Physical findings indicated are lumbar spine region paraspinal spasms, trigger points noted, and range of motion reduced by 50%. On January 28, 2015, Utilization Review non-certified trigger point injections L5 region under ultrasound guidance, #4. The MTUS guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of trigger point injections L5 region under ultrasound guidance, #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections L5 region under ultrasound guidance x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with back and sciatic pain. The current request is for Trigger Point Injections L5 region under ultrasound guidance x4. The treating physician states, Paraspinal spasms are presents. Trigger points at L5, Sciatic R, Sciatic L, and iliac crest. Range of Motion 50% reduced. Deep Tendon reflexes normal. (B.12) There is no further discussion of the current request. MTUS under its chronic pain section has the following regarding trigger point injections: (pg. 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, there are documented trigger points however, there is no evidence upon palpation of a twitch response and MTUS does not support ultrasound guidance for TP injections. The current request is not medically necessary and the recommendation is for denial.