

Case Number:	CM15-0039937		
Date Assigned:	03/10/2015	Date of Injury:	10/14/2008
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 53-year-old male injured worker suffered an industrial injury on 10/14/2008. The diagnoses were cervical disc bulging, lumbar degenerative disc disease with hardware removal. The treatments were lumbar fusion, TENS and medications. The treating provider reported low back and neck pain. The low back pain went across the low back to the right lower extremity. The neck had muscle spasms. On exam, there was restricted range of motion and tenderness to the lumbar spine with positive leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point using 1.5 cc celestine and 5 cc Marcaine x 2: Overturned

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: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative

treatment provided trigger points are present on physical examination. Within the documentation available for review, there are physical examination findings consistent with trigger points, such as the lumbar trigger points identified on exam in a progress note dated 12/23/14. The patient also has concomitant lumbar radiculitis, but a trigger point injection can address the myofascial type pain and is not contraindicated in patient with radiculopathy. Given this, the request is medically necessary.