

Case Number:	CM15-0046106		
Date Assigned:	03/18/2015	Date of Injury:	11/15/1996
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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

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 53 year old male who sustained an industrial injury on 08/11/2011. The mechanism of injury and the complaints at the time of injury are not documented in the submitted records. Prior treatments include medication, diagnostics and cervical epidural injection. He presents for follow up complaining of an increase in lower back pain. He is post cervical epidural injection on 01/15/2015 and states neck pain has decreased. He also reports left foot pain. Exam findings are not documented in this note. Diagnosis includes cervical spine disc bulging, cervical spine radiculopathy, lumbar spine disc bulging, status post laminectomy syndrome, lumbar spine and lumbar facet arthropathy. Treatment plan included left gluteus trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left gluteus trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-197, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Based on the 1/20/15 progress report provided by the treating physician, this patient presents with improved neck pain, but increased low back pain, and unchanged left foot pain, overall pain being intermittent and rated 6/10 on VAS scale. The treater has asked for Left Gluteus Trigger Point Injections on 1/20/15. The request for authorization was not included in provided reports. The patient is s/p cervical epidural steroid injection from 1/15/15 per 1/20/15 report. The patient's neck pain has reduced by 60% per 1/20/15 report. The patient is tolerating his medication, home exercise program, physical therapy, and walking per 1/20/15 report. The patient's current medications include Zanaflex, Suboxone, Cymbalta, Naproxen, and Celexa as of 1/20/15 report. The patient has returned to work on modified duty as of 1/20/15 report. MTUS Guidelines, page 122, Chronic Pain Medical Treatment Guidelines support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than two months". The treater does not discuss this request. Per 1/20/15 progress report, patient's diagnosis includes cervical radiculopathy, and lumbar radiculopathy. MTUS guidelines indicate that radiculopathy must not be present in order for trigger point injections to be considered medically appropriate. Furthermore, there are no physical exam findings of trigger points that have taut band and referred pain pattern. This patient does not meet the criteria that MTUS guidelines require for trigger point injections. Therefore, the request is not medically necessary.