

Case Number:	CM15-0048518		
Date Assigned:	03/20/2015	Date of Injury:	09/23/2009
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, chronic knee pain, chronic foot pain, and derivative complaints of psychological stress reportedly associated with an industrial injury of September 23, 2009. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for a trigger point injection while apparently approving orthotics, a night splint, and casting supplies. The claims administrator referenced a February 4, 2015 progress note in its determination, along with a variety of historical Utilization Review Reports. The applicant's attorney subsequently appealed. In a progress note dated January 29, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of bilateral knee pain status post-right knee total knee arthroplasty. 7-9/10 pain was reported. The applicant was using a cane to move about. The applicant also exhibited tenderness about the plantar fascia. The applicant was placed off work, on total temporary disability, for an additional six weeks. A plantar fascia injection and a trigger point injection were seemingly performed. The applicant did have issues with lower extremity paresthesias. It was not clearly stated whether the applicant had or had not received trigger point injections prior to this point in time, although it did appear to be the case. The applicant was kept off work, on total temporary disability, via multiple other progress notes, including on January 15, 2015 and on December 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One trigger point injection: 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): 112.

Decision rationale: No, the request for a trigger point injection was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Here, however, the attending provider's documentation, including the January 29, 2015 office visit at issue, seemingly suggested that the applicant's primary pain generators were foot plantar fasciitis and knee arthritis. There was no explicit mention of the applicant's carrying a diagnosis of myofascial pain syndrome for which trigger point injections could have been considered. The attending provider's documentation was, furthermore, thinly and sparsely developed, difficult to follow, and not entirely legible. It was not clearly stated or clearly established for what purpose the trigger point injection in question was performed, nor was it clearly stated whether the applicant had or had not had prior trigger point injections. Therefore, the request was not medically necessary