MAXIMUS Federal Services

Case Number:	CM15-0051042		
Date Assigned:	03/24/2015	Date of Injury:	05/28/2009
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: Pennsylvania, Ohio, 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 51-year-old male, who sustained an industrial injury on 2/5/2014 per the medical records. Diagnoses have included degenerative facet disease/facet arthropathy, healing sacral fracture, and lumbar spine discopathy and head trauma with resultant cephalgia. Treatment to date has included magnetic resonance imaging (MRI) of the sacrum, physical therapy. According to the progress report dated 4/30/2014, the injured worker complained of headaches on the right side of the head and right eye, with numbness and tingling on the side of the face. He complained of pain in his mid-back characterized as sharp. He complained of sharp pain in his low back radiating into both legs to the feet, with numbness and tingling. Exam of the lumbar spine revealed tenderness. Straight leg raise test was positive. There was slight tenderness of the buttock and sciatic notches on the right. Authorization was requested for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (3 or more muscle groups): 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: MTUS recommends trigger point injections based on specific clinical criteria, including failure of defined first-line active physical medicine treatment of trigger points. This guideline has not been met in this case and the records do not provide a rationale for an exception to this guideline. The request is not medically necessary.