

Case Number:	CM15-0052767		
Date Assigned:	03/26/2015	Date of Injury:	01/13/2000
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 43 year old female, who sustained an industrial injury on 01/13/2000. The injured worker is currently diagnosed as having myofascial pain syndrome, cervical and lumbar strain, left rotator cuff syndrome, and status post left shoulder surgery. Treatment to date has included chiropractic treatment, shoulder surgery, lumbar spine MRI, lumbar epidural steroid injections, and medications. In a progress note dated 11/20/2014, the injured worker presented with complaints of increased pain in the back with some pain into the buttock. There were objective findings of tenderness lumbar paraspinal muscle and SI joint tenderness. The treating physician reported requesting authorization for trigger point injection. The medications listed are Naprosyn, Omeprazole, Neurontin and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger point injections to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections; Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The records show exacerbation of low back and myofascial pain despite utilization of optimum medications treatment and PT. There are subjective and objective findings indicative of myofascial pain syndrome. The criteria for 4 Trigger Points Injections of the lumbar spine was met. The request, therefore, is medically necessary.