

Case Number:	CM15-0058249		
Date Assigned:	05/05/2015	Date of Injury:	03/06/2011
Decision Date:	06/03/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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: Massachusetts

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 injured worker is a 61-year-old female, who sustained an industrial injury on 03/06/2011. She has reported subsequent low back and right shoulder pain and was diagnosed with lumbar strain and radiculopathy and right shoulder impingement. Treatment to date has included oral pain medication, Cortisone injections and a lumbar epidural steroid injection. In a progress note dated 02/03/2015, the injured worker complained of right shoulder and left sided low back pain. Objective findings of the lumbar spine were notable for lumbar paraspinous tenderness, decreased flexion and extension of the lumbar spine and mild loss of lumbar lordosis. The physician administered a left sided intramuscular trigger point injection of Depo-Medrol and Marcaine. A request for authorization of left sided lumbar intramuscular trigger point injection of 80 mg of Depo-Medrol and Marcaine was submitted for the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Left sided lumbar intramuscular trigger point injection of 80mg of depo-medsrol and marcaine done on 2/3/2015: 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): 122.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for shoulder and low back pain. When seen, documented physical examination findings are a mild loss of lumbar lordosis and paraspinal tenderness. There was decreased range of motion. There were no neurological deficits. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented. Therefore, the trigger point injection was not medically necessary.