

Case Number:	CM15-0060862		
Date Assigned:	04/07/2015	Date of Injury:	12/06/2012
Decision Date:	05/06/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 49 year old man sustained an industrial injury on 12/6/2012 after falling due to a steel truss falling on him and forcing him backwards. Diagnoses include traumatic brain injury with cognitive dysfunction, occipital neuralgia, cervicogenic headaches, mood dysregulation, right rotator cuff tear, right shoulder impingement, lumbar degenerative disease, bilateral knee meniscus tears with surgical repair, and neuropathic pain. Treatment has included oral and topical medications, cast, surgical intervention, and use of crutches. Physician notes dated 3/3/2015 show complaints of right shoulder pain, chronic low back pain that is said to be worse. Recommendations include continue Oxycontin at an increased dose, continue Norco with increased dose, continue Tylenol #3, consider a trial off of Nuedexta and possibly trying an SSRI in the future, continue Flector patch, Lidoderm patch, continue Gralise, Pamelor, trial Flexeril, start Ambien with possible transition to Melatonin or Trazadone in the future for long term use, trial Flomax, continue Colace, Continue Miralax, right shoulder injection, trigger point injections, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Trigger Point Injections to Lumbar Paraspinal Muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Bilateral Trigger Point Injections to Lumbar Paraspinal Muscles are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should be not more than 3-4 injections per session. The documentation does not indicate a clear physical exam finding of trigger points. Additionally, the request does not specify a quantity and the MTUS does not recommend more than 3-4 injections per session. The request for trigger points is not medically necessary.