

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0061030 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 03/29/2000 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 02/26/2015 |
| 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: Texas, Illinois

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 injured worker is a 57-year-old male, who sustained an industrial injury on 3/29/2000. Diagnoses have included lumbar facet syndrome and lumbar degenerative disc disease. Treatment to date has included surgical fusion and medication. According to the progress report dated 2/2/2015, the injured worker complained of low back pain that radiated to the right leg. The pain was rated as 8/10. Current medications included methadone, Norco and Lidoderm patches. Physical exam revealed tenderness of the paravertebral muscles on both sides. Right straight leg test was positive. Authorization was requested for a trigger point injection to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection x 1 for the lumbar spine: 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 injured worker sustained a work related injury on 3/29/2000. The medical records provided indicate the diagnosis of lumbar facet syndrome and lumbar degenerative disc disease. Treatment to date has included surgical fusion and medication. Trigger point injection x 1 for the lumbar spine is not medically necessary per the medical records shown. The records reviewed do not indicate presence of trigger points; rather the records indicate the injured worker has radicular findings. The MTUS recommends trigger point injection must be based on documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; there must no evidence of radiculopathy (by exam, imaging, or neuro-testing).