

Case Number:	CM14-0122668		
Date Assigned:	08/06/2014	Date of Injury:	01/02/2009
Decision Date:	10/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male with a reported date of injury on January 02, 2009. The mechanism of injury is described as lifitng heavy boxes while working for a shoe company. Treatment has included physical therapy with moderate relief, chiropractic treatment and acupuncture without relief, massage with minimal relief. Lumbar epidural steroid injections did not help either. In year 2011, a L5-S1 fusion was performed. He was subquently referred to a pain management facility where he had a spinal cord stimulator implanted. The injured worker has tried lumbar facet injections and trigger point injections. The pain is noted to worsen with bending, lifitng, sitting or standing for extended periods of time. Clinical note signed by treating physician on May 23, 2014 documented the injured worker is currently a full time registered nursing student. On June 26, 2014, it is noted the patient has failed to adequately repsond to more conservative treatment including physical therapy, time, rest and medications. On this visit, complaints of lumbar spine pain are noted and the patient received three or more trigger point injections as there was a palpable trigger point on physical exam. The treating physician instructed the patient to schedule a follow-up visit in two weeks to review therapeutic results of injection and discuss further treatment options. Documentation of the follow-up visit is not found in the provided records for this review. A request for Bilateral Trigger Point Injections - Qty 3- Under Ultrasound resulted in denial on a prior UR determination dated July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Trigger Point Injections - Qty 3- Under Ultrasound: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Trigger Point Injections

Decision rationale: The documentation provided does not support the need for trigger point injection. The claimant has had previous Trigger point injections in 3/3/2014 from which the claimant reported only 30% relief of symptoms. ODG recommends repeat TPIs only if they provide greater than 50% relief of symptoms for greater than 6 weeks duration. Therefore the trigger point injections remains not medically necessary. Furthermore there is no need for ultrasound directed injections in as much there are no anatomic abnormalities associated with trigger points.