

<b>Case Number:</b>	CM14-0141789		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 72 year-old patient sustained an injury on 6/9/10 while employed by [REDACTED]. Request(s) under consideration include trigger point injection and podiatry consult. Diagnoses include neck sprain, exacerbation; cervical spondylolisthesis grade I; thoracic sprain, exacerbation; lumbosacral sprain, exacerbation/ spondylolisthesis grade I/ disc protrusion; right shoulder sprain, exacerbation/ tendinosis/ bursitis/ rotator cuff tear/ labrum lesions/ glenohumeral arthritis; bilateral ankle sprain and bilateral foot plantar fasciitis. Report of 7/10/14 from the provider noted the patient with chronic complaints of neck, mid to upper back, lower back, right shoulder and arm, and bilateral ankle and feet pain rated at 2-4/10. Exam showed diffuse tenderness over paraspinal muscles of cervical, thoracic, and lumbar spine with restricted range; TTP to arm, shoulder, ankles and feet. It was noted the patient was getting worse with physical therapy to the right shoulder. Treatment included TPI administered and podiatry consult for bilateral foot pain. The request(s) for trigger point injection and podiatry consult were non-certified on 8/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection Page(s): 122.

**Decision rationale:** The goal of TPI's is to facilitate progress in physical therapy and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings did not demonstrate any trigger points, only with diffuse tenderness. Medical necessity for Trigger point injections has not been established as it does not meet guidelines criteria. The trigger point injection is not medically necessary and appropriate.

**PODIATRY CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Submitted reports have not demonstrated any clear indication or specific clinical findings for diagnoses plantar fasciitis with findings of diffuse tenderness to support for the podiatry consultation for uncomplicated complaints of feet pain. There are no identifying diagnostics, impaired ADLs or remarkable findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Current report indicates the patient has chronic foot pain rated at 4/10 without mention of failed pharmacological treatment or therapy to support specialty referral. The podiatry consult is not medically necessary and appropriate.