

Case Number:	CM14-0145502		
Date Assigned:	09/12/2014	Date of Injury:	05/11/2003
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational medicine 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 is a 69 year old female with a 5/11/2003 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/21/14 noted subjective complaints of left sided back pain radiating to the left hip associated with numbness and tingling. Objective findings included tenderness over the left trochanteric bursa and IT band with a jump response. Diagnostic Impression: s/p L2-S1 fusion, left lower extremity radiculopathy, neck pain. Treatment to Date: medication management, TENS, lumbar ESI, lumbar fusion, triggers point injection. A UR decision dated 8/21/14 denied the request for one trigger point injection at the left trochanteric bursa. There is no documented circumscribed trigger point with a positive twitch response and referred pain to justify trigger point injections. There is no mention of any recent attempts with activity therapy to suggest failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

One trigger point injection at the left trochanteric bursa: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, in the documents available for review, it is noted that the patient carries a diagnosis of left lower extremity radiculopathy. Additionally, there is no clear documentation of failure of conservative management. Therefore, the request for one trigger point injection at the left trochanteric bursa was not medically necessary.