

Case Number:	CM14-0173464		
Date Assigned:	10/24/2014	Date of Injury:	03/09/2010
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a total knee arthroplasty surgery; epidural steroid injection therapy; viscosupplementation supplementation injection; and adjuvant medications. In a Utilization Review Report dated October 9, 2014, the claims administrator retrospectively denied four trigger point injections performed on September 17, 2014 while retrospectively approving a pain management follow-up visit. The applicant's attorney subsequently appealed. In a September 17, 2014 office visit, the applicant was described as having undergone earlier epidural steroid injections at the S1 level which reduced the applicant's axial and radicular low back pain complaints. The applicant also had depressive symptoms, it was acknowledged. The applicant was using Norco, Neurontin, Prilosec, and Flexeril. The applicant stated that the Prilosec was attenuating her issues with reflux while Neurontin was diminishing her radicular complaints. The applicant received trigger point injections in the clinic setting. Norco was refilled. Twelve sessions of acupuncture was sought. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four trigger point injections to the lumbar spine administered on 9/17/2014: 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: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections, the article at issue, are "not recommended" for radicular pain syndromes. In this case, the applicant has ongoing lumbar radicular complaints, is status post recent lumbar epidural steroid injection therapy, and continues to employ Neurontin (Gabapentin) for ongoing radicular complaints. Trigger point injections, thus, were not indicated in the clinical context of radiculopathy present here. Therefore, the request was not medically necessary.