MAXIMUS Federal Services

Case Number:	CM14-0080598		
Date Assigned:	07/18/2014	Date of Injury:	01/26/2012
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 whose date of injury is 01/26/2012. On this date he was hit by a drunk driver. Lumbar MRI dated 01/10/14 revealed disc protrusion at L1 to L2, and disc bulging at L4 to L5 and L5 to S1. Note dated 04/16/14 indicates that the injured worker complains of neck and low back pain. On physical examination there is point tenderness in the left shoulder post-surgery, no other tenderness to palpation, motor strength is 5/5 throughout, and sensation is intact. The injured worker underwent trigger point injections on this date. Impression is loss of cervical lordosis, C5 to C6 right paracentral disc herniation, and mild degenerative lumbar spine disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injections X3 (lumbar): 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: Based on the clinical information provided, the request for three lumbar trigger point injections is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The injured worker's objective functional response to prior trigger point injections is not documented. There is no current, detailed physical examination submitted for review with documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by California Medical Treatment Utilization Schedule (MTUS) guidelines. Therefore, the request is not medically necessary.