

Case Number:	CM14-0084936		
Date Assigned:	07/23/2014	Date of Injury:	02/19/2007
Decision Date:	10/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Pennsylvania, Ohio, Michigan and 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 46-year-old male who was injured on February 19, 2007. The mechanism of injury is listed as continuous trauma injury to his neck, back, both legs, and stomach due to repetitive work. The diagnoses listed are: Lower back pain, displacement of lumbar intervertebral disc without myelopathy (722.10), lumbar radiculopathy, and left groin pain without a recurrent hernia. The most recent 5/13/14 progress note reveals complaints of bilateral groin pain left side worse than the right. Prior treatment includes left transforaminal epidural steroid injection (ESI) on 3/27/13 with 70% improvement; electromyography of the lower extremities in 2009; hernia surgery of 7/17/07, bilateral inguinal hernia repair performed on 4/10/12, right L5-S1 discectomy dated 4/23/07, physical therapy, and a home exercise program. On 5/21/14 he was administered a left L5-S1 transforaminal epidural steroid injection. The injured worker states when he is active and walking long distances he notices a pulling sensation. Physical examination noted swelling to the left groin; it was felt that the left groin pain was due to possible painful scar tissue. A prior utilization review determination dated 5/30/14,

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 Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Trigger Point Injections Page(s): 122.

Decision rationale: The requested Trigger Point Injections (TPI) are not approved because this request fails to satisfy the CA-MTUS Guidelines Criteria for TPI's on page 122 including the following: there is no specific description of trigger points within the submitted clinical documentation and the claimant demonstrates clinical evidence of lumbar radiculopathy (as he has received several lumbar epidural steroid injections) which would contraindicate TPI's. Additionally the anatomic location of the proposed TPI's to be administered is not specified.