

Case Number:	CM14-0086990		
Date Assigned:	07/23/2014	Date of Injury:	07/11/2013
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/10/2014

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 Illinois. 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 59-year-old male with a reported injury on 07/11/2013. The mechanism of injury was while he was exiting a full sized double construction truck the injured worker slipped and fell on the dirt, directly onto his left side of his body, including his neck, left shoulder and arm. He sustained a laceration to his right middle finger. The diagnoses included bilateral lower extremity lumbosis, central cervical spine disc disease, and carpal tunnel syndrome. The injured worker has had previous treatments of over the counter medications, acupuncture, light duty, and the treatment of prescribed medications. The injured worker had an examination on 04/30/2014, which the report is very difficult to read. The injured worker reported that his symptoms have been unchanged. The objective findings was that he had lordosis, the upper neck had axial compression, his lumbar spine was tender to palpation. It was reported that he did have decreased range of motion, and he did have musculoskeletal muscle spasms. The list of medications included Ultram. The recommended plan of treatment was for the injured worker to have a trigger point injection. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) US Guided TPI (ultrasound-guided trigger point injection): 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): 102-105.

Decision rationale: The request for ultrasound guided trigger point injection is not medically necessary. The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and has limited lasting value. It is not recommended for radicular pain. The criteria for the use of trigger point injections is to be done with a local anesthetic and can be for the treatment of chronic low back or low neck pain. There needs to be documentation of trigger points with evidence upon palpation of a twitch response as well as referred pain, and the symptoms must have persisted for more than 3 months, and medical management therapy such as ongoing stretching exercises, physical therapy, NSIADs and muscle relaxants have failed to control pain. Radiculopathy must not be present by exam or by neuro testing. There is a lack of evidence of myofascial pain. It is unknown if the injured worker has radiculopathy due to the fact that the examination provided for review is difficult to read. There is a lack of evidence stating that there was a twitch response in the physical examination and that symptoms persisted more than 3 months. There is no evidence of documentation of therapy such as stretching exercises, physical therapy and the use of NSAIDs and muscle relaxants have failed to control the pain. There was a lack of pain assessment on a VAS pain scale provided. The need for the ultrasound guided trigger point injection was not clearly demonstrated in the submitted documentation. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the ultrasound guided trigger point injection is not medically necessary.