

Case Number:	CM15-0016406		
Date Assigned:	02/02/2015	Date of Injury:	12/26/2012
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old male, who sustained a work/ industrial injury as a forklift driver on 12/26/12 while lifting a heavy piece of metal. He has reported symptoms of bilateral low back pain. Prior medical history was noncontributory. The diagnoses have included lumbago, degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medication, physical therapy, and psychological evaluation. Physical exam notes tenderness of the spinous process at L2, the transverse process on the right at L2, and the transverse process on the left at L2. Straight leg raising test was negative. FABER test is positive. Muscle and sensory testing was normal. Medication included Cymbalta, Naprosyn EC, Skelexin, Hydrocodone, and Ultracet. On 1/12/15, Utilization Review non-certified (1) Paraspinal trigger point injection to the thoracic spine, noting the MRUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraspinal Trigger Point Injection Thoracic spine: 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): 84.

Decision rationale: Trigger Point Injection thoracic spine. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed; therefore the requested service is not medically necessary.