

Case Number:	CM15-0017933		
Date Assigned:	02/05/2015	Date of Injury:	04/24/2010
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39 year old female, who sustained an industrial injury on 4/24/2010. On 1/30/15, the injured worker submitted an application for IMR for review of Trigger Point x2 Injection. The treating provider has reported the injured worker complained of low back pain rated (10/10) and described by injured worker as severe and constant. The diagnoses have included low back pain. Treatment to date has included medication, home exercise. The injured worker explains she has had a Lumbar MRI, injections and rhizotomy in the past, but no data is available on that treatment. On 1/16/15 Utilization Review non-certified Trigger Point x2 Injection as Four prior trigger point injections to the low back were approved on 11/13/14. The MTUS and ODG Guidelines were cited.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Repeat trigger point injections may be indicated provided there is at least 50% pain relief with objective functional improvement for 6 weeks. Within the documentation available for review, it appears that TPIs were previously authorized, but there is no indication of at least 50% pain relief with objective functional improvement for 6 weeks. Furthermore, there is no current evidence of trigger points on exam. In the absence of such documentation, the requested trigger point injections are not medically necessary.