

Case Number:	CM15-0018762		
Date Assigned:	02/06/2015	Date of Injury:	06/13/2013
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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, Washington

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 49-year-old male who reported injury on 06/13/2013. The mechanism of injury was the injured worker was reaching for a trash bag from under a counter and his fist got stuck in the door and it caused him to lose his balance and fall forward. The injured worker was noted to undergo an anterior posterior L5-S1 disc fusion on 03/04/2014 for isthmic spondylolisthesis. The documentation of 12/15/2014 was for the purpose of a Qualified Medical Evaluation. The most recent documentation submitted for review by the primary treating physician was dated 08/15/2014 and indicated the injured worker had focal tenderness at L4-S1 as well as the superior iliac crest. The injured worker had x-rays which revealed the hardware was in good position and the bone graft was in good position. The diagnoses included spondylolisthesis/pars defect at L5-S1 with broad based disc protrusion and foraminal stenosis at L5-S1, as well as an anterior posterior spinal fusion of lumbar spine at L5-S1 with decompression on 03/04/2014. The injured worker had participated in 12 sessions of acupuncture and therapy. The treatment plan included 12 sessions of acupuncture and 12 sessions of therapy, evaluation by a psychologist/psychiatrist, cyclobenzaprine 7.5 mg #90 take 1 tablet 3 times a day for spasms, and Norco 10/325 mg 1 every 6 to 8 hours as needed for pain. There was no physician documentation submitted for review with the date of service 12/12/2014. There was no Request for Authorization or rationale for the requested date of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Trigger Point injection, right superior iliac crest using Lidocaine, Marcaine and Methylprednisolone (DOS 12/12/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate that the injured worker's symptoms had persisted for more than 3 months and that the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was a lack of documentation indicating medical management therapies had failed and that the injured worker did not have radiculopathy. There was a lack of documentation dated 12/12/2014 to support the request. Given the above, the request for Retrospective: Trigger Point injection, right superior iliac crest using Lidocaine, Marcaine and Methylprednisolone (DOS 12/12/2014) is not medically necessary.