

Case Number:	CM15-0018925		
Date Assigned:	02/06/2015	Date of Injury:	05/03/2002
Decision Date:	04/14/2015	UR Denial Date:	12/31/2014
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, District of Columbia, Maryland
 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 58-year-old female, with a reported date of injury of 05/02/2002. The diagnoses include chronic painful neuropathy, chronic pain syndrome, sinus tarsi syndrome, and trigger point. Treatments have included trigger point injections, oral medication, and topical pain medication. The progress report dated 12/15/2014 indicates that the injured worker had ongoing right calf pain, right calf spasm, and pain that went down into the foot. The pain had limited the injured worker's walking. The objective findings revealed spasm in the right peroneus longus, tenderness of the right gastrocnemius muscle, and shooting pain down into the leg with deep palpation. The treating physician provided an urgent trigger point injection in an effort to relieve the injured worker's pain and prevent her from going to the emergency room. It was noted that the injured worker received significant temporary relief of her pain from a previous injection. The right peroneus longus and gastrocnemius muscles were injected with 1ml of 1% lidocaine, with good relief of the calf pain. On 12/30/2014, Utilization Review (UR) denied the retrospective request for trigger point injection to the right foot and right lower leg, (Date of service: 12/15/2014), noting that there was no documentation of the injured worker attempting any other therapies; no documentation of the injured worker's objective functional increase as a result of previous injections; and no additional information as to whether or not the injured worker used the injections to help further other physical modalities to prevent future spasms. The UR physician cited www.sciencedirect.com.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Trigger Point Injection to the Right Foot, Right Lower Leg (Date of Service 12/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.sciencedirect.com/science/article>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122 of 127.

Decision rationale: California MTUS guidelines indicates that the criteria for the use of trigger point injections includes documentation of circumscribed trigger points with evidence of a twitch response upon palpation as well as referred pain. The progress note dated January 12, 2015 does not indicate the finding of trigger points with these criteria on physical examination, nor on the DOS 12/15/14. Considering this, the retrospective request for trigger point injections for the right foot and lower leg are not medically necessary.