

Case Number:	CM15-0115734		
Date Assigned:	06/24/2015	Date of Injury:	09/02/2014
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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

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 (IW) is a 40-year-old male who sustained an industrial injury on 09/02/2014. He reported a physical assault and battery by three men on the job. The injured worker was diagnosed as having depression not otherwise specified, low back pain, cervicgia, neck pain, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, knee pain, internal derangement of knee, myofascial pain, and shoulder pain. Treatment to date has included treatment with a pain management clinic. Currently, the injured worker complains of pain in the back, neck, arms, knees, and bilateral shoulders. On examination, his gait and movement is coordinated and smooth, his neck range of movement is almost full but painful, and he has trigger points that are tender to palpation with palpable bands and positive twitch response in bilateral cervical paraspinal and trapezius muscles. Reflexes and range of motion are equal and normal. His back had tenderness to palpation in the bilateral lumbar paraspinal muscle groups with palpable bands and positive twitch response. Pain increased with flexion and extension of the lumbar spine. Straight leg raise was negative bilaterally. The treatment plan is for integrative pain management with physical therapy, use of a transcutaneous electrical nerve stimulation (TENS) unit, medications, separate treatment for post-traumatic stress disorder symptoms, and trigger point injections. A request for authorization is made to Continue periodic trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue periodic trigger point injections: 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 injection, page 122.

Decision rationale: The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific change in findings of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and functional improvement post previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings have not identified any specific neurological myotomal and dermatomal deficits in the upper extremities. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria for unspecified future treatment without assessment of efficacy. The Continue periodic trigger point injections are not medically necessary and appropriate.