

Case Number:	CM15-0121311		
Date Assigned:	07/02/2015	Date of Injury:	08/28/2009
Decision Date:	08/07/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/23/2015

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: Pennsylvania, Ohio, 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 is a 60 year old male, who sustained an industrial injury on 08/28/2009 secondary to a fall where he injured his right hip, right knee, right shoulder, neck, back, eyes and head. On provider visit dated 05/14/2015 the injured worker has reported back pain that radiated down left leg and neck pain. On examination of the cervical spine revealed severe tenderness palpation and a decreased range of motion. The diagnoses have included cervicalgia, low back pain and myofascial pain. Treatment to date has included injection, medication and surgical intervention. The provider requested one cervical trigger point injection and one knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical trigger point injection: Upheld

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

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

Decision rationale: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.

One knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: ACOEM recommends the use of a knee brace only if there is documentation of patellar instability with a patient who is likely to stress the knee under load. The records do not document such factors in this case nor an alternate rationale to support the need for a knee brace. This request is not medically necessary.