

Case Number:	CM15-0123535		
Date Assigned:	07/08/2015	Date of Injury:	05/06/1999
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on May 6, 1999. The injured worker was diagnosed as having chronic pain syndrome, opioid dependence, lumbago, post-lumbar laminectomy syndrome and cervicalgia. Treatment to date has included cervical and lumbar spinal cord stimulator implant, medial branch block and oral and topical medication. A progress note dated May 5, 2015 provides the injured worker complains of chronic neck, back and global joint pain. She reports weakness, numbness and tingling and that the pain is unchanged. She rates the pain 10/10 at its worst and 6/10 at best with average 8/10. She reports cervical and lumbar spinal cord stimulator provides 70% pain relief. Physical exam notes cervical tenderness with positive Spurling's test. The plan includes trigger point injection, back and neck brace, physical therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (TPI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant was already receiving physical therapy, SCS stimulator and medications for pain relief. Therefore, the request for lumbar trigger point injection is not medically necessary.