

Case Number:	CM15-0125556		
Date Assigned:	07/10/2015	Date of Injury:	10/18/1990
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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 is a 56 year old male, who sustained an industrial injury on 10/18/90. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included surgery, nerve conduction study, MRI, x-ray, heat/cold therapy, home exercise program and trigger point injections. Currently, the injured worker complains of back pain with left leg pain and numbness. The symptoms are aggravated by lifting, bending and walking. The injured worker is diagnosed with post fusion L5-S1, sciatica and SI radiculitis. The injured worker is currently working full time. A note dated 4/27/15 states the injured worker experiences continued left lumbosacral pain with left leg pain and numbness. There are paraspinal spasms, positive trigger points at L5, left sciatic, iliac crest, range of motion is decreased by 50%, and sensory deficits are noted on examination. A follow up appointment dated 5/29/15 revealed no change in symptoms or examination. The treatment, L5 trigger point injections with ultrasound x2 is being requested to maintain continuity of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 trigger point injections w/ultrasound x 2: 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 TPIs 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 documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple 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 identified possible radicular signs and diagnosis which is medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The L5 trigger point injections w/ultrasound x 2 is not medically necessary and appropriate.