

Case Number:	CM15-0126708		
Date Assigned:	07/13/2015	Date of Injury:	02/12/2013
Decision Date:	08/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old female, who sustained an industrial injury on 2/12/13. The injured worker has complaints of chronic low back pain. The diagnoses have included displacement of cervical intervertebral disc without myelopathy. Treatment to date has included lumbosacral spine X-ray shows vertebral bodies to be intact, there is no spondylosis or spondylolisthesis, vertebral alignment is normal; magnetic resonance imaging (MRI) of the lumbar spine revealed mild degenerative changes without any significant central or foraminal compromise, is likely that her lumbar spine condition could be rendered permanent and stationary for rating purposes; magnetic resonance imaging (MRI) of the thoracic on 5/20/13 shows mild degenerative thoracic spondylosis without significant central or neural foraminal stenosis at any level; magnetic resonance imaging (MRI) of the lumbar spine on 4/18/13 shows mild degenerative changes with new areas of significant central foraminal; physical therapy; magnetic resonance imaging (MRI) of the cervical spine 6/12/14 reveals moderate central canal stenosis at C5-6. The request was for trigger point injections to the lumbar spine, times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the lumbar spine, times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122 Page(s): 122.

Decision rationale: The claimant sustained a work injury in February 2013 and continues to be treated for neck and low back pain. She underwent a cervical spine fusion. When seen, she was having which was limiting her ability to participate in physical therapy for her neck. Physical intimidation findings included moderate to severe right-sided lumbar paraspinal spasms. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and the requested trigger point injections were not medically necessary.