

Case Number:	CM15-0128604		
Date Assigned:	07/16/2015	Date of Injury:	05/01/1998
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58-year-old female with an industrial injury dated 05/01/1998. The injury is documented as "slipped on water" and had a feeling of pain in her low back, right leg and right foot. Her diagnoses included lumbar discogenic disease, status post two operations including cage fusions, failed back syndrome, right meniscal tear and ongoing right foot damage status post fracture. Comorbid diagnosis was diabetes type 2. Prior treatment included back surgery, knee surgery and medications. She presented on 05/28/2015 for follow up of back and right knee and foot pain. Physical exam of the lumbar spine showed profound decreased range of motion with pain that went down her right leg. Examination of the right knee noted decreased range of motion. She had normal sensation. She walked with antalgic gait and a limp of right knee. There is spasm of the latissimus dorsi right worse than left. The injured worker notes trigger point injections have been helpful in the past. The treatment request is for trigger point injection to latissimus dorsi muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to latissimus dorsi muscle: 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 injections Page(s): 122.

Decision rationale: Trigger point injection to latissimus dorsi muscle are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and no repeat injections should occur unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The documentation is not clear that there is a twitch response on physical examination of the trigger point. Furthermore, there is no evidence of functional improvement with sustained pain relief for 6 weeks from prior injections therefore this request is not medically necessary.