

Case Number:	CM15-0068860		
Date Assigned:	04/16/2015	Date of Injury:	01/16/1992
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/10/2015

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: Preventive Medicine, Occupational 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:

This 70 year old woman sustained an industrial injury on 1/16/1992. The mechanism of injury is not detailed. Evaluations include electro-myogram/nerve conductions studies of the bilateral lower extremities, neck and right knee MRI, and left shoulder x-rays. Diagnoses include cervical spine disc bulge, cervical radiculopathy, chronic pain with delayed functional recovery, left carpal tunnel syndrome, bilateral knee osteoarthritis, shoulder osteoarthritis, shoulder bursitis, bilateral knee internal derangement, left wrist internal derangement, left shoulder internal derangement, lumbar spine disc bulge, lumbar facet arthropathy, lumbar stenosis, lumbar radiculopathy, adhesive capsulitis of the shoulder, bilateral shoulder bicipital tenosynovitis, bilateral shoulder impingement, bilateral lateral epicondylitis, left shoulder rotator cuff tear, insomnia, bilateral acromioclavicular sprain/strain, shoulder musculoligamentous injury, and thoracic musculoligamentous sprain/strain. Treatment has included oral and topical medications, walker, ice packs, TENS unit for home use, and home exercise program. Physician notes dated 3/5/2015 show complaints of bilateral shoulder, hip, knee, and right ankle pain that has increased and is rated 7/10. Recommendations include acupuncture, chiropractic treatment, lumbar spine trigger point injections, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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: Due to the scientific uncertainty that trigger points are effective, the MTUS Guidelines have very specific criteria to justify their use. These criteria include exam findings that are consistent with well defined "trigger points". This Guideline standard has not been met. The presence and number of trigger points is not documented. Under these circumstances, the request for lumbar trigger point injections is not supported by Guidelines and is not medically necessary.

Chiropractor x 6, lumbar: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: MTUS Guidelines allow for up to a 6-session trial of manipulation for the spine. In the records reviewed there is no documentation of prior manipulation, based on this it is assumed that this has not been provided or trialed before. Under these circumstances, a trial of manipulation is supported by Guidelines. The Chiropractor X6 lumbar is medically necessary.