

Case Number:	CM15-0074185		
Date Assigned:	04/24/2015	Date of Injury:	06/22/2008
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/18/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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(n) 64-year-old female, who sustained an industrial injury on 6/22/08. She reported pain in her left arm, ankle, lower back and head related to a slip and fall accident. The injured worker was diagnosed as having cervical degenerative disc disease and lumbar degenerative disc disease. Treatment to date has included a lumbar MRI, a walker, and physical therapy and pain medications. As of the AME dated 10/27/14, the injured worker reports constant moderate to severe upper back pain and moderate to severe lower back pain that radiates to the bilateral lower legs. The treating physician requested pain management with steroid injection at the lumbar trigger and thoracic trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management with steroid injection-lumbar trigger point and thoracic trigger point:

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): 84.

Decision rationale: Pain Management with steroid injection-lumbar trigger point and thoracic trigger point is not medically necessary. Per Ca MTUS guidelines, which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed. Additionally, the subjective and objective findings are consistent with radiculopathy. There is lack of evidence that trigger point injections are effective against radicular pain; therefore, the requested service is not medically necessary.