

Case Number:	CM15-0076269		
Date Assigned:	04/27/2015	Date of Injury:	11/04/2009
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old female sustained an industrial injury to the knees, left wrist, back, neck and hips on 11/4/09. Previous treatment included magnetic resonance imaging, chiropractic therapy, wrist braces, injections and medications. In a PR-2 dated 1/7/15, the injured worker complained of ongoing dull, sharp, aching pain and burning sensation with radiation to bilateral shoulders and neck. The injured worker rated her pain 5-7/10. Current diagnoses included lumbar strain, quadratus lumborum strain, ligament and muscle sprain/strain with spasm and multiple trigger points in the lumbar spine. The injured worker received multiple trigger point injections and a Toradol injection during the office visit. The treatment plan included chiropractic therapy. In a work status report dated 3/4/15, the physician noted that the injured worker was not improved significantly and recommended continuing chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro multiple trigger point injections for date of service 3/4/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended due to their short-term benefit and lack of strong evidence for their use. In this case, the claimant had injections 2 months prior supporting the ACOEM guidelines point. The additional injections are not recommended and not medically necessary.