MAXIMUS Federal Services

Case Number:	CM15-0078458		
Date Assigned:	04/29/2015	Date of Injury:	11/04/2011
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: Emergency 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 33-year-old male, who sustained an industrial injury on 11/4/11. He reported back pain that radiates to the right lower extremity and foot. The injured worker was diagnosed as having thoracic sprain/strain, lumbar sprain/strain, and myofascial pain. Treatment to date has included chiropractic treatment, physical therapy, acupuncture, 3 trigger point injections at L4-S1, home exercise program and TENS. It was noted these treatments were helpful and acupuncture provided significant improvement. Notes document a combination of epidural steroid injection at L4 and facet injections at L4-5, L5-S1 were done on 5/29/13. Currently, the injured worker complains of lumbar back pain. The treating physician requested authorization for 6 acupuncture sessions and 3 trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture treatment guidelines, acupuncture may be an option in the treatment of pain, patient has documentation of prior acupuncture. Total number was not documented but patient has received at least 6prior sessions. There is a claim that the acupuncture helped pain "significantly" but there is no objective improvement in pain or function documented by providers. The lack of any objective improvement does not support request for additional acupuncture sessions. Additional acupuncture sessions are not medically necessary.

3 Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134, 300, 309.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain. Patient has known history other causes for chronic back pain and has received other injections in the past including epidural steroid injection and facet joint injections. Patient fails multiple criteria for trigger point injection. There is no documentation of actual trigger points and documentation of other causes of pain. There is questionable prior history of trigger point injection but it is unclear as to the details of this. There is no justification or rationale documented for Trigger Point Injections by the provider. Trigger point injection is not medically necessary.