

Case Number:	CM14-0143979		
Date Assigned:	09/12/2014	Date of Injury:	07/17/2000
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old male who had a work related injury on 07/17/00. The mechanism of injury is not described. The most recent medical record submitted for review is dated 08/20/14. The injured worker presents with a chief complaint of low back pain which radiates into the bilateral lower extremities associated with a numbness and tingling sensation in his feet and toes. He reports to have more right gluteal pain for 10+ years which has been exacerbated since discontinuing the medication. He is treated with massage and stretching. The pain is deep, achy, and dull. The pain is 8/10. It radiates into the bilateral lower extremities associated with numbness and tingling sensation and is aggravated by sitting, standing, and walking within an extended period of time. The pain is relieved by medication, heat and cold compress, physical therapy, tennis ball, water therapy 2 x a week. Physical examination reveals a well-developed and well-nourished male in no acute apparent distress. Affect is appropriate. Awake, alert, and oriented to time, place, and object. Tenderness to palpation of the right gluteus medius muscle. 1 trigger point detected with fasciculation's and positive twitch response. Diagnoses include lumbar disc degeneration, lumbosacral spondylosis without myelopathy, lumbar spinal stenosis, and myofascial pain syndrome. Prior utilization review on 08/28/14 was denied. Current request is for trigger point injection right gluteus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Right Gluteus: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); Based on the guidelines, medical necessity has been established.