

Case Number:	CM13-0013600		
Date Assigned:	03/26/2014	Date of Injury:	04/06/2004
Decision Date:	04/25/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 patient is a 45 year old female who was injured on 04/10/2004 with unknown mechanism of injury. Prior treatment history has included use of H-Wave machine, walking program, and home exercise program. Progress note dated 08/12/2013 documented the patient has been approved for trigger point injection and for two sessions of physical therapy after her trigger point injections. She rates her pain as 7-8/10 without medication and 3-4/10 with medication. Progress note dated 12/04/2013 documented the patient feels that her pain has been stable over the past 2 months. She takes Norco and diazepam on the p.r.n. basis. She mainly takes them at night. She is continuing to work full duty. She rates her pain as an 8-9/10 in intensity without medications and as a 2-3/10 in intensity with medications. She feels that changing positions frequently, medications, injections, and PT typically help reduce her pain. Objective findings on exam included the patient has 5/5 bilateral upper extremity strength. Upper extremity DTRs are 2+ and symmetric. Sensation is intact. There is tenderness over the cervical paraspinals, cervical facet joints. Cervical spine range of motion is reduced in all planes. The patient was diagnosed with cervical and thoracic myofascial pain, chronic neck pain, cervical discogenic pain, cervical myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE UPPER BACK 1 TIME PER WEEK FOR 3 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: Progress note dated 08/12/2013 documented the patient had been approved for trigger point injection and 2 PT sessions following the injections. The medical records do not demonstrate that the patient has obtained greater than 50% pain relief maintained for minimum of six weeks following the previous injection procedure. There lacks evidence to establish documented objective functional improvement as a result of the previous trigger point injections. In addition, the medical records do not establish pain management therapies of stretching exercises, home exercises, and judicious use of medications have failed to control pain. Furthermore, the progress note 12/04/2013 documented a normal neurological examination of the cervical spine, tenderness, and restricted range of motion. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The medical records do not establish the existence of trigger points. The requested trigger point injections are not recommended as the request is not supported by the guidelines.

PHYSICAL THERAPY FOR THE UPPER BACK, 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: Patient is not a candidate for additional trigger point injections. The patient has been instructed in a home exercise program. She does not present with a flare-up or exacerbation of her chronic injury. She describes her pain level as stable. She continues working full duty, takes medications as needed, and has been instructed in an HEP. At this juncture it is appropriate and advised that the patient continue to utilize a self-directed home exercise program of stretching, strengthening, and range of motion exercises in order to help maintain function and activity levels. Additional supervised physical therapy is not medically necessary and is not recommended.