

Case Number:	CM13-0015591		
Date Assigned:	10/10/2013	Date of Injury:	04/21/2011
Decision Date:	02/12/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

Female patient who sustained a repetitive motion injury with pain in the arm radiating up to her neck. She has been managed conservatively with functional improvement. She was seen by both her chiropractor and physician in July and August 2013 who both felt she had a trigger point at the base of her neck and not radicular pain in that area. She had previously had an injection in her shoulder which improved her symptoms. She is currently working on a reduced schedule, limited by pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection belly of Trapezius Muscle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per exam and documentation, the patient meets the above criteria, so injection is appropriate. The initial notes as well as the follow up appeal letter by the provider clearly state the patient did not have radicular pain which was stated in the original UM determination. The initial reviewer was in error, the patient had a trigger point and not radicular pain which is why a TPI was requested.

