

Case Number:	CM13-0025771		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2007
Decision Date:	02/24/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio and 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 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:

The patient is a 54-year-old male who reported a work related injury on 06/01/2007, as a result of a fall. Subsequently, the patient was seen in clinic for treatment of the following diagnoses: insomnia, chronic pain syndrome, post laminectomy syndrome cervical region, muscle pain, neck pain, cervical radiculopathy, and degenerative disc disease of the cervical spine. The clinical note dated 11/20/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient rates his pain at a 10/10 without medication, 8/10 with medication. Upon physical exam of the patient, the provider documented 5/5 motor strength noted throughout the bilateral upper extremities, deep tendon reflexes were 2+ and symmetric, Spurling sign was negative bilaterally, and the patient had no sensory deficits. The provider documented trigger point tenderness over the cervical paraspinals bilaterally at C6-7, and the bilateral trapezius. The patient reported pain secondary to motion of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger points injections bilateral C6-C7 and bilateral trapezius: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents with chronic pain complaints since status post a work related fall with injuries sustained in 2007. The clinical notes document the patient has previously utilized the requested injections in the past. However, documentation of efficacy was not evidenced in the notes reviewed. California MTUS indicate no repeat injections are supported unless a greater than 50% pain relief is obtained for 6 weeks after an injection, and there is documented evidence of functional improvement. Given all the above, the request for trigger point injections bilateral C6-7 and bilateral trapezius is not medically necessary or appropriate.