

Case Number:	CM13-0034085		
Date Assigned:	12/06/2013	Date of Injury:	10/03/2006
Decision Date:	02/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mild back pain and myofascial pain reportedly associated with an industrial injury on October 3, 2006. The applicant, it is incidentally noted, is alleging pain secondary to cumulative trauma from work as a correctional officer as opposed to a specific injury. Thus far, the applicant has been treated with the following: analgesic medications, topical agents, Botox injections, transfer of care to and from various providers in various specialties, corticosteroid injections to various body parts, trigger point injections, sleep aides and extensive periods of time off of work. In a utilization of review report of October 8, 2013, the claims administrator apparently denied a request for trigger point injections with steroids and a prescription for Ambien. The applicant's attorney later appealed. It is incidentally noted that the applicant has a concurrent workers' compensation claim for issues involving the wrist. In a progress note of October 10, 2013, it is stated that the applicant is apparently working and has now had an exacerbation of symptoms. He is asked to follow up with his pain management specialist. An earlier note of April 26, 2013, is notable for comments that the applicant is having persistent issues with neck pain. he has had previous Botox injections and now reports recurrence in dystonia and spasms. He exhibits 5/5 strength about the upper extremities with muscle guarding and tenderness to touch. Slightly diminished sensorium is noted about the left hand. The applicant is overweight with a BMI of 30. He is asked to obtain repeat Botox injections for cervical dystonia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paracervical trigger point injections with steroids: 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: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections should not be administered with any substance other than a local anesthetic. The addition of steroids to trigger point injections is "not recommended." It is further noted that trigger point injections should not be performed if there is evidence of radiculopathy. In this case, the applicant does have issues with multifocal pain complaints, wrist pain associated with a ganglion cyst, and does report dysesthesias about the left upper extremity. There is, thus, some suspicion of radiculopathy. Trigger point injections are not indicated in this context, particularly with the addition of steroids. Accordingly, the request is not certified.

Ambien 5,g #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers\\ Comp 2012 on the Web (WWW.odgtreatment.com) Work Loss Data Institute (WWW.worklossdata.com) (updated 02/14/2012).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§9792.20-9792.26 MTUS (effective July 18, 2009) Page(s): 122-127.

Decision rationale: