

Case Number:	CM13-0034455		
Date Assigned:	12/06/2013	Date of Injury:	09/13/1995
Decision Date:	02/07/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 and Rehabilitation, and is licensed to practice in New York 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 58-year-old female who reported a work-related injury in September of 1995; the specific mechanism of injury was not stated. The patient subsequently presents for treatment of not elsewhere classified head/brain injury, intracranial neck pain, and opiate dependency. A clinical note dated 9/19/13 reports that the patient was seen under the care of [REDACTED]. The provider documents that the patient utilizes the following medications for her pain complaints: Exalgo ER, Celebrex, Docusate, Voltaren gel, FCG cream, fluoxetine, topical analgesics, sumatriptan, topiramate, Vimpat, Latuda, Clonazepam, famotidine, simvastatin, and Topamax. The provider documents that trigger point injections received in July of 2013 dropped the patient's pain complaints by 50%. Upon physical exam of the patient, the posterior scalp exhibited 2+ myofascial tension in the occipitalis muscles, as well as 2+ muscle spasms in the upper trapezius muscles, with positive twitch response on the left

IMR ISSUES, DECISIONS AND RATIONALES

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

three sessions of trigger point injections with steroids and lidocaine for the levator scapula, trapezius, supraspinatus, and rhomboid muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As the California MTUS indicates, no repeat injections are recommended unless >50% pain relief is obtained for 6 weeks after an injection, and there is documented evidence of functional improvement. The clinical notes documented the patient had a decrease in her rate of pain; however, documentation evidencing functional improvement was lacking. In addition, the current request is for 3 sessions of trigger point injections, which would not be supported without documented evidence of objective functional improvement status post-injections. Given all the above, the request for three sessions of trigger point injections with steroids and lidocaine for the levator scapula, trapezius, supraspinatus, and rhomboid muscles is not medically necessary or appropriate.