

Case Number:	CM13-0038456		
Date Assigned:	03/21/2014	Date of Injury:	11/06/2008
Decision Date:	05/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/25/2013

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 Interventional Spine 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:

This is a 53-year-old female who was injured on 11/6/08. She has been diagnosed with cervical radiculopathy; headaches; lumbar radiculopathy, and cervical dystonia. According to the 9/9/13 pain management report from [REDACTED], the patient presents with 8/10 neck and back pain. [REDACTED] states she will not be getting lumbar epidural injections. The plan was to get authorization for cervical trigger point injections, but the physical exam did not identify any trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL TRIGGER POINT INJECTIONS: Upheld

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

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

Decision rationale: According to the 9/9/13 pain management report from [REDACTED], the patient presents with 8/10 neck and back pain. She has been diagnosed with cervical radiculopathy; headaches; lumbar radiculopathy, and cervical dystonia. The review is for trigger point injections. MTUS states all criteria for trigger point injections must be met, including:

"Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" and "Radiculopathy is not present (by exam, imaging, or neuro-testing);" The request is not in accordance with MTUS guidelines. There were no trigger points identified on physical exam by palpation, and the patient is reported to have cervical and lumbar radiculopathy. Therefore, the requested trigger point injections are not medically necessary or appropriate.