

Case Number:	CM13-0045655		
Date Assigned:	12/27/2013	Date of Injury:	06/23/2003
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 40-year-old female presenting with pain in the hands, neck and right shoulder following curative work-related injury on 6/23/2003. According to the medical records, the claimant is permanent and stationary with permanent disability. Prior conservative treatments. The claimant's chronic condition includes ibuprofen, Vicodin, Flexeril, physical therapy, modified duty, ergonomic evaluation, off work, Zanaflex, Skelaxin, Lodine, cervical traction, biofeedback, trigger point injections, Neurontin, Lidoderm, voice activated software, acupuncture, chiropractor treatment, Lyrica, Flector patch, Cymbalta, DermaCare, Prilosec, home exercises, Celebrex, Prilosec 20 mg, Effexor 37.5 mg, TENS unit, hydrocodone-acetaminophen, and Colace. The claimant reported 70% relief of pain for greater than 2 months with previous trigger point injections. The physical exam was significant for two trigger points identified in the bilateral trapezius muscles with 2+ tenderness to touch with guarding and stiffness. The claimant was diagnosed with sprain/strain of neck/thoracic region and cervical brachial syndrome. The claimant was made for trigger point injections to the bilateral trapezius muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE BILATERAL TRAPEZIUS MUSCLES:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 87.

Decision rationale: Trigger point injections to the bilateral trapezius muscles is not medically necessary. Per CA MTUS guidelines, which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area where the injection is to be performed; therefore, the requested service is not medically necessary.