

Case Number:	CM13-0048647		
Date Assigned:	12/27/2013	Date of Injury:	12/22/2010
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Pain Management and is licensed to practice in Florida. 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 patient is a 66-year-old female who reported an injury on 12/22/2010. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with chronic neck pain, chronic low back pain, and thoracic spine disc bulge. The patient was seen by [REDACTED] on 10/16/2013. The patient reported ongoing neck and lower back pain with an exacerbation of symptoms from the neck down into the trapezius muscles. The patient reported improvement with physical therapy. Physical examination revealed tenderness and spasm to bilateral cervical paraspinal muscles and bilateral trapezius. Treatment recommendations included a trigger point injection into the right lower cervical paraspinal muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION RIGHT LOWER CERVICAL PARASPINAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections and Criteria for use of Trigger Point Inj.

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger

points with evidence upon palpation of a twitch response as well as referred pain. As per the documentation submitted, the patient does not appear to meet criteria for the requested service. There was no evidence of circumscribed trigger points with a twitch response and referred pain. There is also no documentation of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS and muscle relaxants, as recommended by California MTUS Guidelines. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.