

Case Number:	CM13-0050749		
Date Assigned:	12/27/2013	Date of Injury:	12/03/1996
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, myalgias, and myositis reportedly associated with an industrial injury of December 3, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; trigger point injection therapy in unspecified amounts over the life of the claim; unspecified amounts of physical therapy and acupuncture; adjuvant medications; and opioid therapy. In a Utilization Review Report of November 1, 2013, the claims administrator denied request for a series of six trigger point injections interspersed over six months. The applicant was described as using a variety of agents, including Valium, Vicodin, Pamelor, Neurontin, and Ambien. The applicant's attorney subsequently appealed. A November 22, 2013 progress note is notable for comments that the applicant reports persistent neck pain. The applicant is given a variety of diagnoses, including cervical spondylosis, and cervical radiculopathy. The applicant is on Ambien, Pamelor, Valium, Neurontin, Norco, aspirin, Tenormin, WelChol, TriCor, and Norvasc. The applicant did exhibit tenderness about the facets and painful range of motion. Repeat trigger point injections were sought. The applicant was described as permanent and stationary. It did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION= 3 SERIES OF SIX, MONTHLY FOR THE NECK:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CERVICAL AND THORACIC SPINE AND SHOULDER DISORDERS.

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

Decision rationale: As noted on pages 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are of limited lasting value and should be used only on a limited basis. In this case, however, there is some lack of diagnostic clarity. The applicant has been given various diagnoses, including myofascial pain, facetogenic pain, neuropathic/radicular pain. It is additionally noted that the applicant has had prior trigger point injections over the life of the claim and has failed to achieve any lasting benefit or functional improvement despite prior trigger point injection therapy. The applicant is off of work. The applicant remains highly reliant on various analgesic, adjuvant, and psychotropic medications. Therefore, the request is not certified both owing to the lack of diagnostic clarity and owing to the applicant's seemingly unfavorable response to earlier injections. Therefore, the request of three or more trigger point injections, series of six, monthly for the neck is not medically necessary and appropriate