

Case Number:	CM13-0064089		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2011
Decision Date:	03/26/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice, has a subspecialty in Family Practice 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 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 47 year old female claimant sustained a work injury on 9/19/11 that resulted in cervical, thoracic and rib strain. An MRI had shown degenerative changes in the cervical spine. A physical exam on 9/10/13 noted she had muscle spasms in the trapezius region and tenderness along the cervical spine. Her pain was managed with Baclofen, Gabapentin and Ibuprofen. Physical therapy was also ordered. She had previously received acupuncture, electrical stimulation, hot packs as well as injections from a pain specialist for cervical pain. A recent exam on 11/8/13 noted similar exam findings and Lidoderm patches were ordered for the affected areas as well as trigger point injections for the trapezius region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Trigger Point Injections to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Trigger Point Injections..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Complaints Page(s): 174-175.

Decision rationale: According to the MTUS guidelines, trigger point injections have no proven benefit in treating neck and upper back complaints. In addition, the claimant has already received

prior injections and acupuncture with no documentation of improvement from intervention. The trigger point injections are not medically necessary.