

Case Number:	CM13-0071700		
Date Assigned:	01/08/2014	Date of Injury:	07/14/2000
Decision Date:	08/28/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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, foot pain and wrist pain reportedly associated with an industrial injury of July 14, 2000. Thus far, the applicant has been treated with Analgesic medications; attorney representation; right foot tarsal tunnel release surgery; and earlier cervical fusion surgery, and unspecified amounts of physical therapy. In a utilization review report dated December 3, 2013, the claims administrator denied a request for two trigger point injections under ultrasound guidance. The applicant's attorney subsequently appealed. In a July 17, 2013 progress note, the applicant presented with persistent complaints of ankle and foot pain. The applicant was using a topical analgesic. The applicant was also diabetic, it was noted. Diabetic shoes were endorsed. In an August 2, 2013 progress note, the applicant presented with persistent complaints of neck pain radiating to the hand. The applicant had carpal tunnel syndrome about the left side and right side tarsal tunnel syndrome, it was stated. The note was very difficult to follow and had old complaints with current complaints. The applicant was status post cervical fusion surgery, it was noted. The applicant was using baclofen, Neurontin, Pennsaid, Vicodin, Vicoprofen, and Zanaflex, it was acknowledged. The applicant was asked to continue current medications. Trigger point injection therapy was later sought on office visit on November 6, 2013, in which it was again acknowledged that the applicant had persistent complaints of neck pain with associated paresthesias about the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION X2 WITH ULTRASOUND GUIDANCE: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value and/or not recommended for radicular pain. In this case, the applicant has a variety of issues present, including carpal tunnel syndrome and residual cervical radiculopathy status post earlier cervical fusion surgery. Conversely, there is no clear or concrete evidence that the applicant has myofascial pain syndrome. It was further noted that the attending provider had sought authorization for two sets of trigger point injections. However, as further noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat injections should be predicated on documented evidence of functional improvement with earlier blocks. For all stated reasons, then, the request is not medically necessary.