

Case Number:	CM14-0008279		
Date Assigned:	02/12/2014	Date of Injury:	08/20/1997
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 8/20/97. A utilization review determination dated 12/18/13 recommends non-certification of trigger point injections. 12/9/13 medical report identifies pain in the cervical spine radiating down the bilateral upper extremities with numbness and tingling. Pain increased with turning head from side. There is weakness in the bilateral deltoids, opposition, and grip strength. There is pain with palpation of myofascial band along "splen cap" and "trapez," possible left Hoffman, decreased sensation left C7-8.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPI TO BILATERAL SPLENIUS CAPITIS, CERVICIS AND TRAPEZIUS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Trigger Point Injections.

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

Decision rationale: Regarding the request for TPI To bilateral splenius capitis, cervicis and trapezius, California MTUS Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are

present on physical examination, which is defined as a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. They also note that the injections are supported only when radiculopathy is not present. Within the documentation available for review, there are no physical examination findings consistent with trigger points with a twitch response as well as referred pain upon palpation and the patient appears to have symptoms/findings consistent with radiculopathy. In light of the above issues, the requested TPI to bilateral splenius capitis, cervicis and trapezius are not medically necessary.