

Case Number:	CM14-0101719		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2010
Decision Date:	10/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 34 year old female who was injured at work on 09/03/2010. During a doctor visit on 05/28/2014, she complained of 9/10 neck pain radiating to the arms, low back pain radiating to the legs. The pain subsides to 4.5/10 with medications. Examination revealed limited range of motion of the cervical and lumbar spines trigger point responses were noted in the neck, upper and low back spinal. There were no radicular symptoms in the neck, but the lumbar region manifested positive straight leg raise on the left. There was slight weakness of the muscles of the left upper and lower limbs, as well as diminished sensations in the left side of the body. The injured worker has been diagnosed of Lumbar radiculopathy, Low back pain, Muscle spasms, Shoulder pain, Occipital Neuralgia. Past treatments include Acupuncture, Chiropractic care, and Physical therapy. Amitriptyline, Norco, Vicodin, Valium, Soma, Xanax, Naproxen, Ibuprofen, Tylenol, Tramadol, Oxycodone, Zanaflex, Flexeril, butrans, Fentanyl, Celexa, Cymbalta, Trazodone, and Prozac; current medications are Norco, Gabapentin and Dexilant. At dispute is the request for 1 Trigger Point Injection for the neck, thoracic and lumbar paraspinal trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger Point Injection for the neck, thoracic, and lumbar paraspinal trigger points:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections and criteria for Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 09/03/2010. The medical records provided indicate the diagnosis of Lumbar radiculopathy, Low back pain, Muscle spasms, Shoulder pain, Occipital Neuralgia. Treatments have included, past treatments with Acupuncture, Chiropractic care, Physical therapy. Amitriptyline, Norco, Vicodin, Valium, Soma, Xanax, Naproxen, Ibuprofen, Tylenol, Tramadol, Oxycodone, Zanaflex, Flexeril, butrans, Fentanyl, Celexa, Cymbalta, Trazodone, and Prozac, and current treatments with Norco, Gabapentin and Dexilant. The medical records provided for review do not indicate a medical necessity for 1 Trigger Point Injection for the neck, thoracic and lumbar paraspinal trigger points. The MTUS does not recommend trigger points injection in the presence of radiculopathy (diagnosed either clinically or by tests with MRI or nerve studies). The records revealed the injured worker has Lumbar radiculopathy. The requested treatment is not medically necessary and appropriate.