

Case Number:	CM14-0106055		
Date Assigned:	07/30/2014	Date of Injury:	11/01/2011
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 Interventional Spine 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 patient is a 53-year-old female with a date of injury of 11/01/2011. The listed diagnoses per [REDACTED] include cervical displaced intervertebral disk, and C5-C6 and C6-C7 disk bulges with myofascial trapezius pain. According to the progress report dated 06/16/2014, the patient presents with neck and trapezius pain rated as 6/10. The patient reports substantial reduction of trapezius pain following her previous trigger point injection. She continues to note chronic left hand numbness particularly at night. The physical examination revealed cervical flexion at 30 degrees, which caused neck pain, and extension at 50 degrees that was pain-free. The request is for bilateral repeat trigger point injections. Utilization review denied the request on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Trigger Point Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, and are not recommended for radicular pain. Guidelines further state that all criteria must be met, including documentation of trigger points, the symptoms are persistent for more than 3 months, medical management therapy is documented, radiculopathy is not present, and no repeat injections unless a greater than 50% relief is obtained for 6 weeks. In this case, the progress report from 06/16/2014 states the patient received significant relief from prior injections; however, the physician did not document greater than 50% relief for 6 weeks. Furthermore, there is no evidence of a twitch response or taut bands, as required by MTUS Guidelines. As such, the request is not medically necessary.