

Case Number:	CM14-0013703		
Date Assigned:	02/26/2014	Date of Injury:	10/14/2008
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery 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 injured worker is a 53 year-old male injured in October 2008. The currently listed diagnosis is neck pain (723.1) and the request for trigger point injections was not certified. Other complaints include facial pain, temporomandibular joint disorder (TMJ), dental issues, neck pain, low back pain, emotional stress, tinnitus and sleep disturbances. Facial electromyography (EMG) was completed. The dentist felt that the temporomandibular joint disorder (TMJ) was related to this injury. MRI of the cervical spine noted multiple ordinary disease of life degenerative changes. A lumbar fusion has also been completed. Lumbar MRI noted adjacent segment disease. Multiple types of injections had not been certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE LUMBAR SPINE X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 122/127

Decision rationale: The basis for this type of injection is the presence of a myofascial pain syndrome. That diagnosis is not listed in the many assessments currently held by this individual. There are many pain complaints reported. Interventions to pain complaints have not been successful. Therefore, there is no reasonable expectation to pursue treatment of a malady not listed or complete injections with no clinical indication. The request is not medically necessary.