

Case Number:	CM14-0110242		
Date Assigned:	08/01/2014	Date of Injury:	04/18/2009
Decision Date:	09/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 27-year-old male who reported an injury on 04/18/2009. The injured worker was reportedly struck by a moving vehicle. The current diagnoses include cervicalgia, cervical myofascial sprain, shoulder arthralgia, hip contusion, lumbago, lumbar myofascial sprain, knee arthralgia and knee meniscus tear. The latest physician progress report submitted for this review is documented on 05/05/2014. The injured worker reported a worsening of symptoms. It is noted that the injured worker was evaluated in the emergency department on 04/28/2014 and administered injections of Dilaudid and Toradol. The injured worker also received trigger point injections which provided relief of symptoms for 3 weeks. The current medication regimen includes Ambien, Diclofenac Sodium, Ibuprofen, Topamax and Vicodin. Physical examination revealed stiffness; diffuse paravertebral tenderness in the cervical spine, tenderness of the bilateral shoulders, lumbar paravertebral tenderness with spasm and negative straight leg raising. Treatment recommendations included home heat/ice therapy, topical analgesic ointment, home exercise, a lumbar corset, a knee sleeve, a pain management follow-up visit, a sinus CT scan, a psychological follow-up visit, an updated MRI of the lumbar spine and a prescription for Mobic 15 mg. There was no DWC Form RFA submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Trapezius Trigger Point Injection Ultrasound Guided: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/neck.htm>.

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

Decision rationale: California MTUS Guidelines recommend trigger point injections only for myofascial syndrome as indicated. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Therefore, the injured worker does not meet criteria for the requested service. There is also no documentation of a failure to respond to medical management therapy. It is also noted that the injured worker was previously treated with trigger point injections, which provided only 3 weeks of relief of symptoms. Based on the clinical information received, the request is not medically necessary.