

Case Number:	CM14-0112568		
Date Assigned:	09/16/2014	Date of Injury:	08/06/2002
Decision Date:	10/21/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; earlier cervical fusion surgery; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; epidural steroid injection therapy; and transfer of care to and from various specialties in various specialties. In a Utilization Review Report dated June 19, 2014, the claims administrator retrospectively denied a request for trigger point injection therapy apparently performed on June 3, 2014 and retrospectively approved a request for Prilosec. The applicant's attorney subsequently appealed. In June 3, 2014, progress note; the applicant reported persistent complaints of neck pain radiating into the bilateral upper extremities. The applicant also reported wrist and knee pain. The applicant had recent electrodiagnostic testing of January 21, 2014, which did reveal C5-C7 radiculopathies, it was stated. The applicant was reportedly using Norco, Prilosec, Valium, Neurontin, Celebrex, Flexeril, Lidoderm, Xanax, and medical marijuana, it was stated. The applicant apparently had muscle rigidity in numerous areas, it was stated. Trigger points injections were performed in the clinic setting. Norco and Prilosec were renewed. The applicant had additional refills for Celebrex, Lidoderm, Valium, Neurontin, it was stated. The applicant is pending a total knee arthroplasty, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain as was/is present here. In this case, the applicant had/has ongoing complaints of neck pain radiating to the bilateral upper extremities, electro diagnostically confirmed. Trigger point injections were not indicated in the treatment of the applicant's ongoing radicular complaints. Therefore, the request was not medically necessary.