

Case Number:	CM14-0121734		
Date Assigned:	08/06/2014	Date of Injury:	02/28/2008
Decision Date:	09/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 41 year old female employee with date of injury of 2/28/2008. A review of the medical records indicates that the patient is undergoing treatment for psychogenic pain; s/p exploration and reestablishment of cervical fusion; chronic neck pain with chronic pain syndrome. Subjective complaints include severe neck pain, right side radiating to right trapezius area. Objective findings include guarded cervical posture, deep tendon reflexes are 0 to 1+ in bilateral triceps, biceps, and brachioradialis. She has tenderness to palpation and has spasm at the cervical spinal musculature. She has loss of sensation in the C5-C6 distribution. Treatment has included: posterior C6-7 cervical laminectomy/fusion (12/9/13); left carpal tunnel release (4/10/13); removal of anterior segmental spinal fixation device, C4, C5 and C6 (8/22/11); hand therapy; medications. Medications included Norco, Percocet 10/325mg, Celexa 20mg 2/day, Lyrica 150mg 2/day, Nexium 40mg 1/day for gastric prophylaxis, Ambien 10mg for pain-induced insomnia, and Flector patches 2/day for neck pain. Trigger point injections have been inserted about the cervical paraspinal musculature in areas that were noted to be of spasm and taut muscle fibers (5/28/2014). The utilization review dated 7/16/2014 non-certified the request for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 122.

Decision rationale: MTUS guidelines states that there must be documentation of 50% improvement in function following trigger point injections for injections to be repeated. They are not supported in individuals with radicular pain complaints. Physical examination findings must document circumscribed trigger points with evidence upon palpation of the twitch response, as well as referred pain. There is mention of previously successful trigger point injections but there is no documentation of a 50% improvement in pain or better. In addition, the claimant is noted to have radicular pain complaints in the upper extremities. The 5/28/14 progress note states "chronic neck pain that radiates down both her arms". The treating physician has not provided documentation to meet MTUS guidelines at this time. As such, the request for trigger point injections is not medically necessary.