

Case Number:	CM14-0126677		
Date Assigned:	08/13/2014	Date of Injury:	10/15/2011
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female, who reported an injury on 10/15/2011 due to an unspecified mechanism of injury. On 08/04/2014, she reported persistent pain in the neck associated with tightness in the upper back. The physical examination revealed no signs of sedation; pupils were equal and round; there was tenderness over the cervical facet joints and tenderness of the trapezius muscles. Trigger points were noted, and deep palpation of the trigger points reproduced a twitch response. Her diagnoses included myofascial pain and cervical spondylosis. There was no documentation regarding surgical history, diagnostic studies, medications, or past treatments provided for review. The treatment plan was for trigger point injections at the cervical x3. The Request for Authorization form or rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection, Cervical x3: Upheld

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

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

Decision rationale: The request for Trigger Point Injection, Cervical x3 is non-certified. Per the note dated 08/04/2014, the injured worker reported tightness in the upper back and persistent pain in the neck. A physical examination showed that she had tenderness of the trapezius muscles; trigger points were noted, and deep palpation of the trigger points reproduced a twitch response. The California MTUS Guidelines state the criteria for the use of trigger point injections include trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms that had persisted for more than 3 months, and medical management therapies such as ongoing stretching exercises, physical therapy, and NSAIDs and muscle relaxants had failed to control pain. Based on the clinical information submitted for review, the injured worker was noted to have trigger points that had a twitch response upon deep palpation. However, there was a lack of documentation regarding the failure of other medical management, therapies being tried and failed, and how long the injured worker had had these symptoms, to indicate the need for a trigger point injection. In the absence of this information, the request would not be supported by the evidence based guidelines. The request is not supported by the guideline recommendations due to a lack of documentation showing the failure of previous conservative treatment and time frame for which the injured worker had had these symptoms. Given the above, the request is non-certified.