

Case Number:	CM14-0135968		
Date Assigned:	09/03/2014	Date of Injury:	01/15/1997
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 47 year old female who sustained an injury to her neck on 01/15/97 due to cumulative trauma while performing her usual and customary duties as a store associate at a retail store. The injured worker developed low back/lower extremities pain associated with work activities. She presented to the clinic and was described as having suffered a lumbar strain. She was seen on 06/30/97 and was reportedly pain free most of the time. She had occasional sharp pains, particularly at the end of the day, particularly if she sat without a back support for more than an hour. However, she was overall improved. Clinical note dated 07/17/14 reported that the injured worker continued to complain of neck pain radiating to the left shoulder/upper arm at 10+/10 VAS; with pain medications, the pain dropped to 6/10 VAS. Physical examination noted moderate point tenderness over the midline at C6-7; there was mention of multiple large and painful trigger points, approximately six in to the left of midline from C4 through T1; normal spinal curvature in the cervical spine. There was no imaging study provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cervical paraspinal musculature trigger point injections (a total of six x one): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding trigger point.

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

Decision rationale: The request for left cervical paraspinal musculature trigger point injections (total of six times one) is not medically necessary. Previous request was denied on the basis that there was no clear detail provided whether any previous trigger point injections had been done or not since the original work injury, including number of injections and outcomes. The CAMTUS states that there should not be more than three to four injections per session. No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Given this, the request for left cervical paraspinal musculature trigger point injections (total of six times one) is not indicated as medically necessary.