

Case Number:	CM14-0136495		
Date Assigned:	09/05/2014	Date of Injury:	12/21/2012
Decision Date:	09/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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:

This patient sustained an injury on 12/21/12 while employed by [REDACTED]. Request(s) under consideration include Trigger point injection times one (1), left side of neck. Diagnoses include cephalgia with left radicular pain; left shoulder labral tear; right shoulder tendinitis; left elbow pain; lumbar spine strain with radiculopathy; insomnia; depression s/p left biceps tendon repair (undated). MRI of the cervical spine dated 10/11/13 showed 3 mm disc osteophyte and severe left neural foraminal stenosis. Report of 12/1/13 from the provider noted the patient with continued symptoms of neck stiffness and pain down both sides; bilateral shoulder pain; left elbow pain; low back pain radiating down right leg with difficulty sleeping; and headaches. Treatment included TPI in left neck; the patient subsequently remained off work for continued 6 weeks. Report of 7/25/14 from the provider noted ongoing chronic neck pain and stiffness. Exam showed restricted cervical range with palpable twitch on left neck. Treatment included TPIs. The patient remained off work. The request(s) for Trigger point injection times one (1), left side of neck was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection times one (1), left side of neck: Upheld

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

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

Decision rationale: The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence of referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified neurological findings and imaging with possible radicular component identifying foraminal narrowing for this chronic injury. The patient has had previous TPIs without evidence of functional benefit, decreased pharmacological profile and medical utilization, or change in work status remaining TTD status. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injection times one (1), left side of neck is not medically necessary and appropriate.