

Case Number:	CM14-0138098		
Date Assigned:	09/05/2014	Date of Injury:	02/26/2013
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Nevada. 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 records presented for review indicate that this 36-year-old gentleman was reportedly injured on February 26, 2013. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of right shoulder and arm pain with spasms as well as numbness and tingling. Current medications include Relafen and Lyrica. The physical examination demonstrated tenderness along the upper back with spasms and a twitch response. There was decreased cervical spine and right shoulder range of motion as well as decreased sensation in the middle finger, ring finger, and little finger of the right hand. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request had been made for trigger point injections and was not certified in the pre-authorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Trigger Point Injections: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of trigger point injections includes that a radiculopathy not be present on physical examination. The progress note dated June 24, 2014, clearly reveals a right upper extremity radiculopathy. As such, this request for trigger point injections is not medically necessary.