

Case Number:	CM14-0140630		
Date Assigned:	09/10/2014	Date of Injury:	09/12/2012
Decision Date:	11/04/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic midback and neck pain reportedly associated with an industrial injury of September 12, 2012. Thus far, the applicant had been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier shoulder surgery in November 2013; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for trigger point injection therapy. The applicant's attorney subsequently appealed. In a February 12, 2014 progress note, the applicant was placed off of work, on total temporary disability. Acupuncture and additional physical therapy were endorsed. In a July 17, 2014 progress note, the applicant reported shoulder pain, neck pain, and mid back pain. The applicant reported some numbness, tingling, and paresthesias about the left thumb, index finger, and ring finger with attendant symptoms of weakness. The applicant was using Neurontin, Tramadol, and Relafen, it was noted. Trigger point injection therapy was sought. The applicant's work status was not furnished on this occasion, although it did not appear that the applicant was working. The applicant was given a primary diagnosis of cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections cervical/thoracic paraspinal, trapezius and rhomboid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain, as is present here. In this case, the applicant's primary pain generator does, in fact, appear to be cervical radiculopathy. The applicant's ongoing complaints of neck pain radiating to the left arm with associated paresthesias about multiple digits of the left hand. The applicant is using Neurontin, an anticonvulsant adjuvant medication, presumably for radicular pain. Trigger point injection therapy is not indicated in the context present here. Therefore, the request is not medically necessary.