

Case Number:	CM14-0163808		
Date Assigned:	10/08/2014	Date of Injury:	05/12/2008
Decision Date:	12/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 neck pain, shoulder pain, major depressive disorder, fibromyalgia, and low back pain reportedly associated with an industrial injury of May 12, 2008. In a Utilization Review Report dated September 20, 2014, the claims administrator denied a request for 10 ultrasound-guided trigger point injections. The claims administrator alluded to various progress notes of July 13, 2012, and July 14, 2014 in its denial. In a September 13, 2014 progress note, the applicant reported heightened pain complaints. The applicant was given diagnoses of severe cervical pain, status post cervical fusion, cervical radiculopathy, cervical myofascitis, reactive fibromyalgia, lumbar strain, and possible lumbar radiculopathy. The applicant reported 9-10/10 pain without medications versus 3-4/10 with medications. The applicant was on methadone, Cymbalta, and Robaxin. Ten ultrasound-guided trigger point injections were apparently performed in the clinic setting. In an earlier note dated August 20, 2014, the applicant again reported ongoing complaints of neck pain status post cervical fusion and cervical radiculopathy with reportedly superimposed fibromyalgia and myofascial pain syndrome. Lumbar radiculopathy was also stated as a possible consideration. The applicant was apparently using methadone, Neurontin, Zipsor, and Cymbalta, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra sound guided Cervical Trigger Point Injection times 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain, as is present here. The applicant has ongoing complaints of radicular pain, both lumbar and cervical, status post earlier failed cervical fusion surgery, the attending provider has acknowledged. The applicant was using gabapentin and Cymbalta for presumed neuropathic pain, it has further been suggested. Trigger point injections do not appear to be indicated in the cervical radiculitis context present here. Furthermore, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that no more than three to four trigger point injections be performed per session. Here, 10 trigger point injections were performed on September 15, 2014. The request, thus, is at odds with MTUS parameters and principles. Accordingly, the request was not medically necessary.