

Case Number:	CM14-0164414		
Date Assigned:	10/09/2014	Date of Injury:	09/29/2011
Decision Date:	11/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is a 40-year-old female who sustained an injury on September 29, 2011. She is diagnosed with (a) hand pain, (b) carpal tunnel syndrome, and (c) spasm of the muscle. She was seen on September 25, 2014 for an evaluation. She reported increased muscle spasms in the neck. Examination of the cervical spine revealed tenderness over the trapezius and paracervical muscles. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. Spasm and trigger point were present at the right upper trapezius. Range of motion was restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the cervical paravertebral/right trapezius muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections; Criteria for the use of trigger point in.

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

Decision rationale: The request for trigger point injection to the cervical paravertebral/right trapezius muscle is not medically necessary at this time. As per guidelines, criteria were not met for the use of trigger point injection. There was no indication in the reviewed medical records

that there was failure of medical management therapy to placate trigger point symptomatology. Medical management therapy includes ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs, and muscle relaxants. As there was no evidence of this in the medical records, the injured worker is not eligible to receive this treatment at this time.