

Case Number:	CM14-0166083		
Date Assigned:	10/13/2014	Date of Injury:	05/25/2011
Decision Date:	11/28/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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 and shoulder pain reportedly associated with an industrial injury of May 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and trigger point injections. In a Utilization Review Report dated September 29, 2014, the claims administrator retrospectively denied previously performed trigger point injections. The applicant's attorney subsequently appealed. In a handwritten progress note dated September 22, 2014, difficult to follow, not entirely legible, the applicant apparently reported ongoing complaints of neck pain, low back pain, numbness about the right hand, and numbness about the right leg. The applicant was asked to employ Neurontin for pain relief. Epidural steroid injection therapy was sought. The applicant was given refills of tramadol, Valium, and Prevacid in addition to Neurontin. Trigger point injections were performed in the clinic setting. The note contained very little in the way of narrative commentary and comprised almost entirely of preprinted checkboxes. The applicant's work status was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injection to right Trapezius #4 with 5cc of Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 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 was present here on and around the date in question. The applicant continued to report ongoing complaints of radiating neck pain, numbness about the right hand, low back pain, and numbness about the right leg. The applicant was given Neurontin, also presumably for radicular pain. Cervical epidural steroid injection therapy was sought, again presumably for radicular pain. The trigger point injections performed, thus, were not indicated owing to the presence of superimposed radicular complaints. Therefore, the request for retrospective trigger point injection to right Trapezius #4 with 5cc of Lidocaine is not medically necessary and appropriate.