

Case Number:	CM14-0167210		
Date Assigned:	10/14/2014	Date of Injury:	02/05/2006
Decision Date:	11/28/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 February 6, 2006. In a Utilization Review Report dated October 3, 2014, the claims administrator retrospectively denied trigger point injections performed on July 8, 2014. The applicant's attorney subsequently appealed. In a progress report dated July 8, 2014, the applicant reported ongoing complaints of neck pain radiating to the shoulder blades. Palpable tender points are noted about the cervical spine with decreased sensorium noted about the left C5-C6 dermatome. The applicant was status post an L3-L5 laminectomy and an L4-L5 lumbar fusion surgery, it was acknowledged. The applicant was given cervical trigger point injections in conjunction with prescriptions for Protonix, Celebrex, Tramadol, and Ambien. The applicant was asked to perform home exercises. The applicant's work status was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Cervical trigger point injections, left cervical 5-6,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Points Page(s): 122.

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended as an option in the treatment of myofascial pain syndrome, with limited lasting value. Trigger point injections, however, are not recommended for radicular pain as was present here on the date in question. The applicant had complaints of neck pain radiating to the shoulders and hyposensorium noted about the left C5-C6 dermatome. The applicant had a history of prior lumbar spine surgery, presumably for lumbar radicular complaints. The request, thus, was not indicated owing to the applicant's lack of significant myofascial pain complaints and presence of superimposed radicular symptoms. Therefore, the request was not medically necessary.