

Case Number:	CM14-0171754		
Date Assigned:	10/23/2014	Date of Injury:	09/08/2004
Decision Date:	12/02/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 58 year old lady who was injured on 9/8/2004. The diagnoses are myalgia, headache, neck pain, right shoulder tendinitis and rotator cuff injury and carpal tunnel syndrome. There is associated diagnosis of depression. The MRI of the cervical spine showed multilevel mild disc bulges C4-5, C5-6 and C6-7. On 10/6/2014, [REDACTED] noted subjective requested for repeat trigger points injections following a previous significant pain relief from previous injections. There were objective findings of tender trigger points in the cervical paraspinal muscles and upper trapezius. The medications are tramadol and Diclofenac for pain, cyclobenzaprine for muscle spasm and venlafaxine for depression. A Utilization Review determination was rendered on 10/16/2014 recommending non-certification for trigger points injections - 4cc of lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections - 4cc of Lidocaine: Overturned

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 Page(s): 114-116, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that trigger points injections can be utilized for the treatment of palpable tender trigger point tauts that did not respond to treatment with medications and physical therapy. The records indicate that the patient have completed conservative treatment with medications and physical therapy. There is documentation of significant pain relief following a previous treatment with trigger point injections. The criteria for trigger points injections -4 cc lidocaine was met and therefore, the requested Trigger point injections - 4cc of Lidocaine are medically necessary and appropriate.