

Case Number:	CM14-0022997		
Date Assigned:	05/14/2014	Date of Injury:	08/16/2013
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 42 year-old female who was injured on 8/16/13 when a box fell on her head. She has been diagnosed with sub occipital headaches likely due to occipital neuritis or tension headache versus post concussive syndrome; neck pain due to mild muscle spasm and likely also due to underlying degenerative disc disease. According to the 1/29/14 psychiatry report from [REDACTED], the patient presents with neck pain and headaches. She has tenderness and decreased cervical motion on exam. The plan was for trigger point injections under ultrasound guidance to the cervical paraspinals and sub occipital regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE TRIGGER POINT INJECTIONS ULTRASOUND GUIDANCE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Ultrasound, diagnostic (imaging).

Decision rationale: According to the 1/29/14 psychiatry report from [REDACTED], the patient presents with neck pain and headaches. She has tenderness and decreased cervical motion on exam. I have been asked to review for trigger point injections with ultrasound guidance. MTUS discusses the necessary documentation and exam findings for trigger points under the trigger point injection criteria. MTUS states: " Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" MTUS requires palpatory findings with twitch response for identification of trigger points. There were no trigger points identified on the 1/29/14 exam. The trigger point injections are not in accordance with MTUS guidelines. Furthermore, the request is not medically necessary.