

Case Number:	CM14-0024820		
Date Assigned:	06/18/2014	Date of Injury:	09/29/2012
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 has filed a claim for chronic shoulder pain, chronic arm pain, chronic wrist pain, chronic hand pain, and chronic neck pain; reportedly associated with an industrial injury on September 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy. The applicant's attorney and attending provider issued a joint appeal letter dated April 14, 2014. The attending provider stated that the applicant did have palpable tender points over the cervical paraspinal muscles, trapezius, rhomboids, and cervical facets. A March 26, 2014 progress note was notable for comments that the applicant had persistent complaints of headaches and arm pain. The applicant was Spanish speaking. The applicant also reported 7-8/10 wrist pain. It was noted that there was some associated tingling, weakness, and numbness about the right arm. The applicant had a cervical MRI on March 6, 2014 which is notable for diffuse multilevel disk desiccation. The attending provider sought authorization for six trigger point injections. Tramadol was renewed. A 20-pound lifting limitation was endorsed. It was stated that the applicant was approaching maximum medical improvement. In an earlier note of February 18, 2014, the applicant was described as off of work, on total temporary disability. In an earlier pain management note of January 31, 2014, the applicant was given diagnoses of cervical radiculopathy, shoulder pain, cervical pain, and wrist pain. Six trigger point injections were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJ TRIGGER POINT 1/2 MUSCL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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 California MTUS, Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only in the treatment of myofascial pain syndrome, with limited lasting value; and trigger point injections are not recommended for radicular pain. In this case, the applicant is described as having ongoing complaints of radicular pain and has, at various points in time, been a diagnosis of cervical radiculopathy. Pursuit of trigger point injection therapy is not recommended in the face of the applicant's ongoing cervical radicular complaints. Therefore, the request is not medically necessary.