

Case Number:	CM14-0025735		
Date Assigned:	06/13/2014	Date of Injury:	03/26/2004
Decision Date:	10/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

This is a 63-year-old female who sustained a slip and fall on 3/26/2004. She injured her left elbow, left arm, neck, and lower back. She has undergone an anterior cervical discectomy and fusion at C5-C6 and C6-C7. She continues to complain of chronic neck pain, bilateral shoulder pain, and chronic low back pain. A progress report of 8/13/2014 states the patient has cervical spasm; pain related decreased motion, facet tenderness, motor weakness and tenderness to palpation over the cervical trapezial ridge. There is pain with axial compression. A request is made for trigger point injections to the trapezial area bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO BILATERAL TRAPEZIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle which produces a local twitch response to stimulus to the band. There is no

documentation of such a lesion in the medical records of this patient. Therefore, absent the trigger point, the medical necessity for trigger point injections has not been established.