

Case Number:	CM14-0027590		
Date Assigned:	06/13/2014	Date of Injury:	03/08/2011
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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 patient is a 66 year old male with an injury date on 03/08/2011. Based on the 04/03/2014 Q.M.E. report provided by [REDACTED]. The patient presents for a follow up visit regarding his neck pain and left shoulder pain. The exam on 01/30/2014 by [REDACTED], the requesting provider per Q.M.E. report, the patients presents with neck and shoulder pain that are 3-5/10 on the pain scale, bilateral extremities radicular pain, numbness and tingling in the left upper extremity. [REDACTED] is requesting trigger point injections (number unspecified) for the cervical spine. The utilization review determination being challenged is dated 02/11/2014. [REDACTED] is the requesting provider and he provided no reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS (NUMBER UNSPECIFIED), CERVICAL PARASPINAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRIGGER POINT INJECTIONS, 122.

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

Decision rationale: This patient presents with neck pain and left shoulder pain that are intermittent. The treating physician has asked for cervical trigger point injections on 01/30/2014. Review of the report shows patient has "radicular pain in the bilateral extremities, greater on the left than the right, with numbness and tingling in the left upper extremity." Regarding trigger point injections, MTUS guidelines page 122 requires (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). In this case, there were no progress reports to review to determine whether or not the request meets MTUS guidelines criteria. Based on available information, the patient has radicular symptoms for which trigger point injections are not indicated. The request is not medically necessary or appropriate.