

Case Number:	CM14-0028593		
Date Assigned:	06/16/2014	Date of Injury:	06/04/2009
Decision Date:	07/16/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/06/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 41-year-old female injured on June 4, 2009. The mechanism of injury was noted to be a repetitive motion injury. The most recent progress note, dated February 18, 2014, indicated that there were ongoing complaints of cervical spine pain radiating to the bilateral upper extremities with numbness and tingling. There was also a complaint of triggering of her left fifth finger. The physical examination demonstrated discrete tender trigger points over the neck and posterior shoulders with muscle twitch points. Examination of the right hand noted vague decreased sensation. Trigger point injections were recommended. The medications Cymbalta, Flexeril, ibuprofen, Neurontin and tramadol were continued. A request had been made for trigger point injections over the upper trapezius, mid scapula and scapular areas and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 TRIGGER POINT INJECTION OVER THE BILATERAL UPPER TRAPEZIUS, MID SCAPULA, AND SCAPULAR AREAS DOS: 2/18/2014: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, trigger point injections are indicated for trigger points with the twitch response as identified on the physical examination dated February 18, 2014. However, these injections are second line treatment after there is evidence that primary treatment modalities to include ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. There is no documentation in the attached medical record that the injured employee has failed to improve with these primary methods. For this reason, this request for trigger point injections is not medically necessary.