

Case Number:	CM14-0030229		
Date Assigned:	06/20/2014	Date of Injury:	03/27/2006
Decision Date:	08/11/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old male who sustained an injury to his neck on 03/27/06 when he fell off of a 6 foot pole, hitting his face and head. Treatment to date has included physical therapy, cognitive behavioral therapy, epidural steroid injections, and management with multiple medications. A clinical note dated 03/12/14 reported that the injured worker was approved for cervical epidural steroid injections that he underwent on 02/24/14. He stated that he felt like it helped his radicular symptoms, but did not help the zaps in his head. The injured worker rated his pain at 5-9/10 on the visual analog scale that is increased with prolonged sitting, standing, bending, and lifting. Sitting, standing, alternating positions, and injections typically help to reduce his pain. Physical examination noted 5/5 bilateral upper extremity strength; deep tendon reflexes 2+ and symmetric in the bilateral upper extremities; Spurling's sign elicits neck pain; sensation intact; tenderness over the cervical paraspinals; tenderness over the cervical facet joints; cervical range of motion 80% of normal (increased pain with extension and rotation of the neck); normal heel/toe walking gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: The request for trigger point injections is not medically necessary. The basis for denial of the previous request was not provided. The Chronic Pain Medical Treatment Guidelines states that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Physical examination did not note any circumscribed trigger points, twitch responses, taut muscle bands, or jump signs. Given the absence of the required criteria for treatment with trigger point injections, medical necessity of the request for trigger point injections is not indicated as medically necessary.