

Case Number:	CM14-0030768		
Date Assigned:	06/20/2014	Date of Injury:	08/05/2010
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 61 year old male whose date of injury is 08/05/2010. A clinical note dated 01/02/14 indicates that the injured worker suffers from forehead pain, cervical pain and cervical neuropathy. Treatment to date is noted to include home exercise program, aquatic therapy and massage. Diagnoses are listed as headache, degeneration of cervical intervertebral disc, postlaminectomy syndrome of the cervical region, brachial neuritis or radiculitis, and cervicalgia. The injured worker underwent trigger point injections on this date. He subsequently underwent cervical epidural steroid injection on 01/13/14. Follow up note dated 03/06/14 indicates that pain remains 8/10 on the visual analog scale. Since the last visit he has had mainly unchanged pain. Follow up note dated 05/29/14 indicates that cervical range of motion is limited. On deep palpation of the trapezius and levator scapulae muscles there is significant spasming and twitching of the muscle bellies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection x4 sessions: Upheld

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

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

Decision rationale: The submitted records fail to document greater than 50% pain relief was obtained for six weeks after prior injections and there is no documented evidence of functional improvement, as required by Chronic Pain Medical Treatment Guidelines, prior to repeat trigger point injections. Therefore, the request for four trigger point injection sessions is not medically necessary and appropriate.