

Case Number:	CM14-0031733		
Date Assigned:	06/20/2014	Date of Injury:	10/28/2012
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 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:

This 40 year-old patient sustained an injury on 10/28/12, from a slip and fall while employed by the [REDACTED]. Requests under consideration include 1 trigger point injection thoracic spine (T/S) paraspinal musculature split and 1 trigger point injection to neck, 1cc Celestone and 2cc Marcaine. Diagnoses include Lumbosacral Neuritis NOS; Brachial Neuritis; and Drug Abuse NOS. Report of 3/6/14 from the provider noted patient with cervical neck, dorsal spine, and low back pain. She received Morphine Sulfate ER from another provider. Exam showed cervical spine with spasm; painful decreased range with facet tenderness and hyperreflexia; thoracic spine with spasm and interscapular pain; lumbar spine with spasm and painful range; hyperreflexia; tenderness over facet joints. Diagnoses include lumbar spine sprain/strain/ facet arthrosis/ chronic pain; thoracic spine sprain/strain; hyperreflexia; headaches; possible myelopathy. Treatment included TPIs (Trigger Point Injections), cervical blocks, LESI (Lumbar Epidural Steroid Injection), MRI of brain; EMG (Electromyography) /NCV (Nerve Conducting Velocity) of bilateral upper and lower extremities. The patient remained Temporarily totally disabled. There is a MRI of the Brain dated 3/17/14 with unremarkable findings. The requests for 1 trigger point injection thoracic spine (T/S) paraspinal musculature split and 1 trigger point injection to neck, 1cc Celestone and 2cc Marcaine were non-certified on 3/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection thoracic spine (T/S) paraspinal musculature split: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

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

Decision rationale: There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified no clear neurological deficits and possible radicular signs which are medically contraindicated for TPI's (Trigger Point Injections) criteria. Medical necessity for TPIs (Trigger point injections) has not been established and does not meet guidelines criteria. The 1 trigger point injection thoracic spine (T/S) paraspinal musculature split is not medically necessary and appropriate.

1 trigger point injection to neck, 1cc Celestone and 2cc Marcaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition.

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

Decision rationale: There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified no clear neurological deficits. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 1 trigger point injection to neck, 1cc Celestone and 2cc Marcaine is not medically necessary and appropriate.