

Case Number:	CM14-0033041		
Date Assigned:	04/30/2014	Date of Injury:	10/05/2007
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 5, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical radiofrequency ablation procedures and medial branch blocks; unspecified amounts of physical therapy and occupational therapy; unspecified amounts of manipulative therapy; earlier cervical fusion surgery; and earlier trigger point injection therapy, per the claims administrator. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for trigger point injections to the bilateral cervical paravertebral musculature, stating that the applicant did not have evidence of palpable trigger points which would support the need for the procedure in question. The applicant's attorney subsequently appealed. An August 1, 2013, progress note was notable for comments that the applicant had persistent neck pain and left hand pain. The applicant was having frequent cervicogenic headaches, it was stated. The applicant attributed her symptoms to cumulative trauma at work. The applicant was on tramadol, Dendracin, Neurontin, Tenormin, and Zocor; it was stated at that point. In a later note dated August 30, 2013, the applicant underwent bilateral occipital nerve blocks and 10 cervical paraspinal trigger point injections. The applicant had been deemed "disabled," it was stated at that point in time. In a later note of September 16, 2013, the applicant was again described as disabled. The applicant underwent cervical radiofrequency ablation procedures in the clinic on that occasion. On October 31, 2013, the applicant again underwent trigger point injections and greater occipital nerve blocks. On November 15, 2013, the applicant again underwent further trigger point injections. The applicant was again described as disabled on that date and having ongoing issues with anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION BILATERAL CERVICAL PARAVERTEBRAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: In this case, however, there is no documented evidence of functional improvement. The applicant has failed to return to work, despite having undergone several sets of trigger point injections on a seemingly monthly basis. The applicant remains highly reliant and highly dependent on other forms of injection therapy, including radiofrequency ablation procedures, greater occipital nerve blocks, etc. The applicant is also using a variety of analgesic and adjuvant medications, including tramadol, Neurontin, and Dendracin. All of the above taken together, argue against functional improvement as defined in MTUS 9792.20f with prior trigger point injection therapy. Therefore, the request for additional trigger point injection therapy is not medically necessary.