

Case Number:	CM14-0056162		
Date Assigned:	07/09/2014	Date of Injury:	07/15/2009
Decision Date:	10/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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 Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old female who has submitted a claim for sprain of lumbar area associated with an industrial injury date of July 15, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent neck pain that radiates into the shoulders. The medications allowed her to remain functional so that she can carry out her activities of daily living such as cooking, cleaning, laundering and self-hygiene. Examination revealed increased tenderness to cervical paraspinal muscles with positive taut band on both sides, the lower cervical paraspinal muscles around C4-C5 at shoulder level with point tenderness. Patient also underwent a prior trigger point injection on 3/5/2014. Treatment to date has included trigger point injections, and medications such as tramadol, Sombra cream and Motrin. Utilization review from April 17, 2014 denied the request for In office Cervical Trigger Point Injections x 2 because there was no documented response to a prior trigger point injection on 3/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office Cervical Trigger Point Injections x 2.: 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: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, the patient had prior trigger point injection on 3/5/2014. However, there was no documented greater than 50% relief for six weeks following the treatment. Guideline criteria have not been met. Therefore, the request for In office Cervical Trigger Point Injections x 2 is not medically necessary.