

Case Number:	CM14-0060806		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2012
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 38-year-old male who sustained an injury to the left side of his left neck on 03/15/12 when he was moving a large dolly loaded with heavy rolls of electrical cables. Magnetic resonance imaging (MRI) of the cervical spine dated 06/09/12 revealed disc protrusions at C3-4, C4-5, C5-6, and C7-T1 with thecal sac abutment; disc protrusion at C6-7 with spinal cord abutment and spinal canal narrowing. Treatment to date included medications, work restrictions, rest, ice/heat application, acupuncture therapy, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) Trigger Point injections for the Left Neck Area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for three trigger point injections for the left neck area is not medically necessary. Previous request was denied on the basis that there was no documentation of physical examination findings of trigger points per the note of 02/27/14. There was no decrease in work restrictions compared to the note of 01/20/14. There was no description of

current symptoms of pain in terms of timing or sensitivity. No information was received which would support the requested repeat trigger point injections. The CAMTUS states that trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. They are not recommended for radicular pain. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Trigger point injections are not recommended for typical back pain or neck pain. Given the clinical documentation submitted for review, medical necessity of the request for three trigger point injections for the left neck area has not been established.