

Case Number:	CM14-0064246		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2010
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/07/2014

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, has a subspecialty in Pain Management and Spinal Coed Medicine, and is licensed to practice in Masseurhusses. 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 claimant has a history of a work injury occurring on October 5, 2010. She was seen by the requesting provider on August 9, 2013. She was having left knee pain and mid back and thigh pain with difficulty sleeping and had anxiety and she felt restless. Pain was radiating into her left arm. Ultram and Naproxen were prescribed. She was to continue using a TENS unit and she was released to modified work. On September 13, 2013 she was having worsening low back pain. There had been improvement in left knee pain after an injection. No physical examination is documented. EMG/NCS testing showed findings of borderline / mild left carpal tunnel syndrome. On October 25, 2013 she was having ongoing difficulty sleeping. She was having radiating neck pain and felt anxious. There were spasms at the C7 level. Ultram, Naprosyn, and Soma were prescribed. On December 6, 2013 she had been seen in an Emergency Room. She was having sharp left-sided pain and ongoing difficulty sleeping. Physical examination findings are documented as spasms in the cervical and thoracic spine. Physical therapy was requested. Ultram and Anaprox were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the Right Cervical: Upheld

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

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

Decision rationale: The claimant is nearly four years status post work-related injury and continues to be treated for radiating neck pain. Her provider documents cervical and thoracic muscle spasms. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented, Therefore, the request for trigger point injections to the right cervical is not medically necessary or appropriate.