

Case Number:	CM14-0066785		
Date Assigned:	07/11/2014	Date of Injury:	01/19/2010
Decision Date:	09/18/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/09/2014

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, 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 43-year-old female whose date of injury is 01/19/2010. The mechanism of injury is not described. Treatment to date includes right shoulder arthroscopy in September 2010, medication management and trigger point injections which provide 2-3 weeks of pain relief. Note dated 01/20/14 indicates that the injured worker underwent trigger point injections on this date. Note dated 03/19/14 indicates that diagnoses are degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, myalgia and myositis unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of trigger point injections Page(s): 122.

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

Decision rationale: Based on the clinical information provided, the request for trigger point injections for the cervical spine is not recommended as medically

necessary. There is no current, detailed physical examination submitted for review with documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by California Medical Treatment Utilization Schedule (CAMTUS) guidelines. CA MTUS guidelines report no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The submitted records indicate that after prior trigger point injections the injured worker reports pain relief for only 2-3 weeks. The number of injections to be performed is not documented therefore this request is not medically necessary.