MAXIMUS Federal Services

Case Number:	CM14-0083744		
Date Assigned:	07/21/2014	Date of Injury:	07/24/2009
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 injured worker is a 55-year-old female with a reported injury on 07/24/2009. The mechanism of injury was not provided. The injured worker had diagnoses that consisted of musculoligamentous sprain, radiculopathy of the cervical, impingement syndrome of the shoulder, headache, chronic pain trauma, carpal tunnel syndrome with a wrist, occipital neuropathy, bicipital tendon synovitis of the shoulder, medial epicondylitis of the elbow, and lateral epicondylitis of the elbow, tendinitis of the wrist, rotator cuff tendinitis of the shoulder, and the strain of the wrist. The previous treatments included medications, a home exercise program, TENS (Transcutaneous Electric Nerve Stimulation) unit, physical therapy, modified work, wearing of a brace which the injured worker has been tolerating. The injured worker has had previous MRIs. She did have previous trigger point injections to the cervical spine in 2011, after which she stated during a follow-up examination that the pain was unchanged. The injured worker had a review of records on 6/23/14 which revealed that she had been seen from 11/2013 to 02/2014 with stable complaints of pain rated 3-5/10. She had returned to work and her activity level had improved. On 03/28/2014 she started complaining of significant increased pain to her neck, left shoulder, left elbow, and left wrist and headache. Upon examination on 04/25/2014 she rated her pain at 9/10. The examination was reported to be unchanged. It was reported that she had exhausted conservative treatment. The medication list was not provided. The plan of treatment was to have a cervical trigger point injection and greater occipital nerve block. It was mentioned that a twitch response was obtained along with radiating pain upon palpation of the cervical spine, although the examination was not available for review. The rationale was for relief of pain and to help restore functionality. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point: Upheld

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

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

Decision rationale: The injured worker has had previous medications, home exercise program, TENS (Transcutaneous Electric Nerve Stimulation) unit, physical therapy, and modified work and wearing of brace which it had been reported that it was tolerated. The injured worker did have a previous trigger point injection to her cervical spine in 2011, after which she reported that her pain was unchanged. There are no recent examinations or reports to be reviewed. The California MTUS Guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The provider indicated a twitch response was obtained along with radiating pain upon palpation of the cervical spine. It was mentioned as positive in the review of records, however, the physical examination was not provided for review. The guidelines also recommend no repeat injections unless a greater than 50% pain relief is obtained for six weeks after injections and there is documented evidence of functional improvement. There is a lack of documented evidence of improvement from the previous injections and there was not an efficacy of greater than 50% documented for six weeks. Therefore, the request for the cervical trigger point is not medically necessary and appropriate.