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| Case Number: | CM14-0088729 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 09/08/2006 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 09/08/2006 due to an unknown mechanism. Diagnoses were cervicalgia; pain in joint involving forearm; and Kienbock's avascular necrosis of lunate, adult. Past treatments were not reported. The diagnostic studies included an x-ray of the neck and spine on 04/08/2014. X-ray impression was reported as fairly benign. Surgical history was not reported. A physical examination on 06/16/2014 revealed complaints of more neck pain and achiness of the wrist due to cool weather. The injured worker rated her pain at a 5/10. The injured worker reported the pain does not radiate into the arms. Pain was improved with muscle relaxant. An examination revealed decreased dorsiflexion of the left wrist. There was significantly decreased wrist strength on dorsi and palmar flexion against resistance. Grip strength was decreased to 2/5. There was no central spinal tenderness to palpation. There was tenderness in the right trapezius muscle. Medications were acetaminophen with codeine 300 mg/30 mg, Diovan HCT 320 mg/25 mg, Naproxen 500 mg, Orphenadrine citrate ER 100 mg tablets, and Zolpidem 5 mg. The treatment plan was for trigger point injections times 4 injections at 2 sessions. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections x 4 injections x 2 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months. Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The examination did not reveal trigger point evidence upon palpation of a twitch response. Past conservative care for the injured worker was not reported. Therefore, the request for trigger point injections x 4 injections x 2 sessions is not medically necessary.