

Case Number:	CM13-0029589		
Date Assigned:	11/01/2013	Date of Injury:	10/03/2012
Decision Date:	01/14/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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 Occupational Medicine 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:

This is a 33 year old female who sustained a work related injury on October 3, 2012 while working as a certified nursing assistant. The injury occurred when a patient fell onto the injured worker landing on her lumbar spine, hip, thoracic spine, ribs, shoulder and interscapular areas. A physician's consultation report dated May 28, 2013 notes that the injured worker reported back and neck pain. The documentation supports the injured worker had an extensive workup for the back pain including two MRI's, bilateral extremity electromyography and nerve conduction velocity studies, epidural injections, acupuncture treatments, chiropractic visits and physical therapy. The cervical MRI, date unspecified, was normal and the lumbar spine MRI revealed lumbar four-five mild facet hypertrophy and mild left neuroforaminal narrowing. Diagnoses include axial back pain and myofascial pain. Current documentation dated September 9, 2013 notes that the injured worker reported increasing neck and thoracic pain after receiving aquatic physical therapy. Current medications include Neurontin, Norflex, Norco, Lodine, Lidoderm Patch and Nortriptyline HCL. Diagnoses include Cervicalgia, fascitis, not otherwise specified, lumbar disc degeneration and thoracic spine pain. The documentation supports the injured worker had significant improvement following a recent lumbar trigger point injection, date unspecified. However, there are no documented objective physical examination notes or documented function improvement notes submitted for review. Work status is unclear. The treating physician requested a trigger point injection with ultrasound in the thoracic, cervical and shoulder blade region. Utilization Review evaluated and denied the request for the trigger point injection on September 17, 2013. MTUS Guidelines for trigger point injections was referenced and notes that trigger point injections are not recommended for radicular pain. Utilization Review denied the request for the injection due to lack of documented objective and function improvement notes regarding the prior injections. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection with ultrasound in the thoracic, cervical, and shoulder blade region:
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: Due to the questionable effectiveness of trigger point injections Guidelines have very specific criteria to justify repeating injection treatment. These criteria include at least 50% improvement in pain for 6 weeks that is accompanied by objective functional improvements. There is no evidence that this standard was met in requesting additional injections to additional body parts. The request is not consistent with Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The request for trigger point injections with ultrasound to the thoracic, cervical and shoulder blade region is not medically necessary.