

Case Number:	CM14-0192010		
Date Assigned:	11/25/2014	Date of Injury:	11/13/2000
Decision Date:	02/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 45-year-old female who reported an injury on 11/13/2000. The mechanism of injury was not provided. The injured worker had a history of cervical myofascial pain. On 08/27/2014, the patient was seen for severe pain radiating into the neck and scapular area. She localized the pain to the mid trapezii and neck area. Her medications included baclofen, OxyContin, oxycodone, and Vicodin. Prior surgeries included spinal fusion L4-S1, ACDF C4, C7. The treatment plan was to recommend a trial of neuropathic compounded cream and if is unsuccessful she would be a candidate for injections. The injured worker required injections under general anesthesia due to anxiety and localized discomfort. The request is for one cortisone injection on cervical muscles under anesthesia. The rationale was due to mild symptoms in a myofascial nature. The injured worker would be a candidate for injection. She would require general anesthesia due to anxiety and localized discomfort. The Request for Authorization form was not provided with in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Cortisone Injection on cervical muscles under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

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

Decision rationale: The California MTUS Guidelines state trigger point injections are not recommended for reduction of pain. The injured worker had a history of cervical myofascial pain. There is lack of documentation of trigger points with evidence of palpation or a twitch response as referred pain noted. Trigger point injections with any substance other than local anesthesia are not recommended. The anesthesia was noted to be needed for anxiety; however, there is lack of documentation to support anxiety. The request for one cortisone injections on cervical muscles under anesthesia is not medically necessary.