

Case Number:	CM14-0194367		
Date Assigned:	12/02/2014	Date of Injury:	01/27/2006
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, 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 underlying date of injury in this case is 01/27/2006. The date of the utilization review under appeal is 11/07/2014. The patient's diagnosis is chronic left upper extremity pain from complex regional pain syndrome as well as chronic neck pain with a history of depression. On 10/22/2014, the patient was seen in pain management followup. The patient reported ongoing pain in the neck and radiating to her left upper extremity. Treatment included tramadol, Lyrica, Abilify, and Norco. On exam the patient had no swelling on her left wrist or left elbow. She was tender to palpation in the bilateral trapezius and cervical paraspinals. The patient requested trigger point injections, which were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 127.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on trigger point injections, page 127, discusses very

detailed criteria for trigger point injections. These criteria include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; this guideline has not been met. Moreover, the treatment guidelines include the recommendation that prior to trigger point injections, medical management therapy should have previously failed including ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants; this guideline has not been met. Therefore, overall the medical records and guidelines do not support an indication for trigger point injection treatment. This request is not medically necessary.