

Case Number:	CM14-0200453		
Date Assigned:	12/10/2014	Date of Injury:	01/19/2014
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of January 19, 2014. In a Utilization Review Report dated November 10, 2014, the claims administrator denied trigger point injections to the left paracervical musculature/trapezius musculature. Non-MTUS ODG guidelines were invoked in conjunction with MTUS guidelines. The claims administrator referenced a September 15, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated September 15, 2014, the applicant reported ongoing complaints of neck pain radiating to the left side. The applicant stated that her left upper extremity paresthesias/dysesthesias had subsided. The applicant had remained off of work, it was acknowledged. The applicant was on Flexeril, Motrin, Lopressor, triamterene, Levoxyl, Lipitor, and tramadol. The applicant was given permanent work restrictions by the medical-legal evaluator which were apparently resulting in her removal from her workplace. In an April 28, 2014 progress note, the applicant reported 4/10 neck pain radiating to the left shoulder and left arm. Work restrictions were endorsed. The applicant was not working with said limitations in place. The applicant's medication list included Motrin, Flexeril, Synthroid, Lopressor, and Lipitor. On August 5, 2014, the applicant was again not working, it was noted, owing to 3/10 neck pain with derivative complaints of headaches. The applicant was on Flexeril. Myofascial tender points were noted. Acupuncture, Flexeril, and trigger point injection therapy were sought. On October 7, 2014, the applicant apparently received trigger point injections. Flexeril was endorsed. 3/10 pain was noted. Palpable tender points and a positive twitch response was noted on palpation with moderate muscle spasms noted. The attending provider did state, however, that the applicant's neck pain did occasionally radiate down the bilateral arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection; left para cervical and upper trapezius musculature w/m pred kit:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

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

Decision rationale: The proposed trigger point injection already performed on October 7, 2014 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain. Radicular pain appears to be the primary pain generator here, however. The applicant was described as having clinically significant cervical or radicular complaints on multiple office visits, referenced above, including on the October 7, 2014 office visit on which the trigger point injection was performed. The medical-legal evaluator reported on September 15, 2014 that he believed that the applicant had cervical pathology and/or cervical radicular symptoms associated with spinal stenosis and neuroforaminal stenosis, multi-level. Trigger point injection therapy was not, thus, indicated in the cervical radiculitis-context present here. Therefore, the request was not medically necessary.