

Case Number:	CM14-0207519		
Date Assigned:	01/21/2015	Date of Injury:	05/17/1996
Decision Date:	02/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 59-year-old female presenting with a work-related injury on may 17 19 96. The patient complained of neck pain radiating down the bilateral upper extremities and low back pain radiating down the bilateral extremities. The physical exam was significant for positive compression test in the cervical spine, limited range of motion in the cervical spine, positive impingement sign of the shoulders, limited range of motion the lumbar spine, decreased sensation in the bilateral upper extremities, and decreased sensation to touch along the L4 - S1 dermatome in both lower extremities. The patient was diagnosed with cervical radiculopathy, lumbar radiculopathy, complex regional pain syndrome and chronic pain. The provider recommended trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections Kenalog 1cc and Marcaine 6cc: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 300, 309, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

Decision rationale: 4 Trigger point injections Kenalog 1cc and Marcaine 6cc are not medically necessary. Per the California MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed. Additionally, the subjective and objective findings are consistent with radiculopathy. There is lack of evidence that trigger point injections are effective against radicular pain; therefore the requested service is not medically necessary.