

Case Number:	CM14-0209035		
Date Assigned:	12/22/2014	Date of Injury:	01/15/2013
Decision Date:	02/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

Injured worker (IW) is a 61 year old female who sustained injuries to multiple body areas following a fall on 01/05/13. She has been diagnosed with chronic myofascial pain syndrome and chronic cervical and lumbar spine sprain/strain injuries. Treatment to date has included medications, physical therapy, knee surgery, and injections which have included multiple sets of trigger point injections (TPIs). 4 TPIs to the shoulder trapezius, thoracic rhomboid, and cervical paracervical muscles were performed on 10/06/14. 12/02/14 primary treating physician's supplemental report stated that a request for TPIs had been denied on 11/19/14. PTP stated that last set of TPIs at least 2 months earlier had provided over 50% relief that lasted well over 2 months. He stated that on 11/17/14 IW reported a flare of myofascial pain exam and there were painful, well circumscribed trigger points in the cervical paraspinal, trapezius, and rhomboid muscles with classic twitch response. Previous TPIs had allowed claimant to sit longer, do more household chores, and avoid narcotic medications. 12/08/14 peer review decision denying repeat TPIs stated that last injections were performed on 11/17/14, but I cannot verify this based upon the submitted documentation. 01/12/15 office note documented complaints of pain the knee, lumbosacral spine, and cervical spine, with some numbness in the bilateral hands and bilateral feet. She was not currently working. She was s/p 12/19/14 sacroiliac joint injections with some benefit. On exam there was tenderness over the bilateral knees and sacroiliac joints. Strength, reflexes, and sensation were normal in the lower extremities. A skin lesion was present at the left knee and acute spasm was noted in the trapezius area. Treatment plan included work restrictions and consideration of 2nd SI joint injection at next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral paracervical injections x4 with 5 cc 1% lidocaine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The last set of trigger point injections appears to have been performed in October 2014. Treating physician has documented the presence of well-circumscribed trigger points in the paracervical, trapezius, and rhomboid muscles, with positive twitch response. Previous TPIs have provided at least 50% relief for at least 2 months with improved function. A recent flare of myofascial pain symptoms is documented. MTUS criteria for repeat TPIs are met. Therefore, this request is medically necessary.