

Case Number:	CM14-0216342		
Date Assigned:	01/06/2015	Date of Injury:	09/14/2005
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: Physical Medicine & Rehabilitation, 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:

This is a patient with a date of injury of 9/14/05. A utilization review determination dated 12/16/14 recommends non-certification/modification of trigger point injections. 10/1/14 medical report identifies that "trigger points helped relieve some pain in the low back" and current neck pain was 6/10. Trigger points in the upper back were said to provide 40% relief. Trigger points were injected. 10/29/14 medical report identifies increased tightness and decreased ROM in the neck, headaches, and neck pain 7-8/10. On exam, there is tenderness and the left trapezius has a twitch response. Trigger point injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 3 trigger point injections (2 within left trapezius and 1 in the right trapezius) date of service 10/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 78, 122.

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of repeat trigger point injections if there is greater than 50% pain relief for six weeks after an injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than two months. Within the documentation available for review, prior injections did not provide at least 50% pain relief for six weeks. There is no indication of functional improvement and only 4 weeks had elapsed since the prior injections were performed. In light of the above issues, the requested trigger point injections are not medically necessary.