

Case Number:	CM14-0045002		
Date Assigned:	07/02/2014	Date of Injury:	03/17/1998
Decision Date:	01/07/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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. 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, shoulder and upper extremity pain reportedly associated with an industrial injury of March 17, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds, earlier cervical fusion surgery; unspecified amounts of physical therapy; and various interventional spinal procedures involving the cervical spine. In a Utilization Review Report dated March 20, 2014, the claims administrator retrospectively denied trigger point injections apparently performed on an unspecified date in September 2013. The applicant's attorney subsequently appealed. On September 30, 2013, the applicant reported ongoing complaints of neck and shoulder pain. The applicant presented to obtain a trigger point injection to the upper trapezius musculature. The applicant had received acupuncture and did have comorbid lupus, it was acknowledged. The applicant's medication list included Flexeril, Celebrex, a Ketamine containing cream, Opana, Lunesta, a Capsaicin-containing cream, Cymbalta, Lyrica, Protonix, Norco, lidocaine containing ointment, Inderal, Ramipril, Metformin, Lipitor, Lexapro, Klonopin and Hydrochlorothiazide. The applicant's work status was not clearly stated. The attending provider stated that the applicant had responded well to earlier trigger point injections. On January 26, 2014, the applicant received telephonic prescription refills. The applicant was permanent and stationary and did not appear to be working with permanent limitations in place. On March 28, 2014, the attending provider appealed the retrospective trigger point injection denial. The attending provider apparently recalled the applicant to the clinic on that date. The applicant had undergone cervical facet injections and cervical radiofrequency ablation procedures, it was acknowledged. The applicant was status post cervical spine surgery, it was further noted. The applicant again exhibited burning pain about the neck and pain with range of

motion testing about the neck, it was acknowledged. The applicant received cervical facet radiofrequency ablation procedures on September 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Bilateral trigger point injection into the cervical spine and shoulder girdle trapezius muscles: Upheld

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

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

Decision rationale: The request in question did represent a request for repeat trigger point injection therapy, the attending provider acknowledged in his procedure note/progress note of September 30, 2013. However, page 122 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat trigger point injection to be predicated on evidence of functional improvement with earlier blocks. Here, however, the applicant was/is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit, despite earlier trigger point injections. The applicant remains dependent on opioid agents such as Opana and non-opioid agents, such as Cymbalta, Lyrica, Celebrex, a ketamine containing compound, Cymbalta, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite receipt of earlier trigger point injections. Therefore, the trigger point injections performed on September 30, 2013 were not medically necessary.