

Case Number:	CM15-0000930		
Date Assigned:	01/26/2015	Date of Injury:	11/27/2000
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker (IW) is a 53 year old female, who sustained an industrial injury on November 27, 2000. She has reported pain in the neck and shoulders with radiating pain and numbness in the upper extremities and was diagnosed with cervical spine pain, cervical radiculitis and post laminectomy syndrome. Treatment to date has included diagnostic procedures, radiographic imaging, physical therapy, nerve blocks, multiple surgeries, pain medications, lifestyle modifications and steroid injections. Currently, the IW complains of neck and shoulder pain with radiating numbness and pain in the upper extremities. The IW was noted to have an industrial injury in 2000. It was noted she slipped in fruit pulp and fell. She continued since the injury, to have severe pain in spite of many conservative treatment modalities and pain medication trials. On October 3, 2008, it was noted the IW was taken off work twice that year for exacerbation of pain symptoms. It was noted she was 1.5 years post-op and continued to have severe pain. Previous facet injection was noted to provide temporary relief. She was against the idea of a pain pump at this time. Another surgical procedure was discussed as a possible option. She continued to experience severe pain as previously described and 11 trigger point injections with 2cc of solution containing 0.25% Bupivacaine, 40mg Depo- Medrol and 60mg of Toradol and a prescription of duragesic 75mcg patch #20 were recommended. On December 17, 2014, Utilization Review non-certified a request for 11 trigger point injections with 2cc of solution containing 0.25% Bupivacaine, 40mg Depo-Medrol and 60mg of Toradol and a prescription of duragesic 75mcg patch #20, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 29, 2014, the injured worker submitted an

application for IMR for review of requested 11 trigger point injections with 2cc of solution containing 0.25% Bupivacaine, 40mg Depo-Medrol and 60mg of Toradol and a prescription of duragesic 75mcg patch #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

11 Trigger Point Injections with 2 CC of Solution Containing .25 Percent Bupivacaine, 40 MG of Depo-Medrol and 60 MG of Toradol: Upheld

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: 11 Trigger Point Injections with 2 CC of Solution Containing .25 Percent Bupivacaine, 40 MG of Depo-Medrol and 60 MG of Toradol is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for trigger point injections, not more than 3-4 injections are to be given per session. There should be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The frequency should not be at an interval less than two months and furthermore, trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The request exceeds the guideline recommendations and also requests for injection of a substance other than a local anesthetic. The request for 11 Trigger Point Injections with 2 CC of Solution Containing .25 Percent Bupivacaine, 40 MG of Depo-Medrol and 60 MG of Toradol is not medically necessary.