

Case Number:	CM15-0001901		
Date Assigned:	01/12/2015	Date of Injury:	03/01/2010
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 is a 61 year old female, who sustained an industrial injury on March 1, 2010. The diagnoses have included cervical degenerative disc disease and cervical myofascial pain. Treatment to date has included cervical epidural steroid injection, home exercise program, and medication. Currently, the injured worker complains of left shoulder pain. The PR-2 Treating Physician's report dated December 1, 2014, noted the injured worker had greater than 60% relief for three months after a cervical epidural steroid injection on April 20, 2014. On December 24, 2014, Utilization Review non-certified non-steroid anti-inflammatory drugs (NSAIDs) (over the counter) and Trigger Point Injections (cervical Spine). The UR Physician noted that the specific brand and quantity of the requested non-steroid anti-inflammatory drugs (NSAIDs) (over the counter) was not provided, therefore the medical necessity had not been established, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that based on the currently available information the medical necessity of the requested Trigger Point Injections (cervical Spine) had not been established, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of non-steroid anti-inflammatory drugs (NSAIDs) (over the counter) and Trigger Point Injections (cervical Spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

NSAIDs (over the counter): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: NSAIDs are recommended for back pain as a second line treatment after acetaminophen. They may be appropriate in this case but it is not possible to determine the medical necessity without knowing the particular NSAID, dose and frequency. That information has not been provided.

Trigger Point Injections (Cervical Spine): Upheld

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

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

Decision rationale: Trigger point injections are recommended only for myofascial pain syndrome and are not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic neck pain with myofascial pain syndrome when all of several criteria are met. Among those criteria is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. This criteria is not met. There is only a statement in reference to the cervical spine that there are trigger points with spasm.