

Case Number:	CM15-0002747		
Date Assigned:	01/13/2015	Date of Injury:	09/05/2000
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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

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 62 year old female sustained an industrial injury on 9/15/00 with subsequent ongoing neck pain. In a PR-2 dated 11/24/14, the injured worker complained of neck pain ranging from 4/10 to 10/10 on the visual analog scale. The injured worker reported that pain medications were effective at reducing pain levels. Physical exam was remarkable for decreased sensation at left C6 and C7 and right C6, normal muscle strength throughout, moderate tenderness to palpation to the cervical spine with spasm and thickening and decreased range of motion. Current diagnoses included chronic pain syndrome and chronic opioid use. The treatment plan included requesting authorization for left myofascial injection, continuing home exercise program, home heat/cold therapy and continuing medications including Compazine 25mg once daily, Ambien 10mg once daily and Dilaudid 2 to 3 mg every six hours as needed for pain. On 12/19/14, Utilization Review noncertified a request for left myofascial injection citing CA MTUS chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Myofacial Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Criteria for the Use of Trigger Point In.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment.

Decision rationale: This is a request for a myofascial injection, apparently referring to a trigger point injection. The patient has a complex medical history including a subacromial decompression of the shoulder with distal clavicle excision. The patient also has a history of a cervical post-laminectomy syndrome, cervical stenosis, cervical radiculopathy, and related myofascial pain syndrome. The myofascial injection" requested at this time appears to refer to a trigger point injection, as there are no guidelines otherwise specifically for a myofascial injection. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on trigger point injections, page 122, describes very specific criteria for a trigger point injection, including a specific palpable circumscribed trigger point with evidence of a twitch response and referred pain. The medical records in this case do not meet the criteria for such a focal trigger point. This request is not medically necessary.