

Case Number:	CM15-0003975		
Date Assigned:	01/15/2015	Date of Injury:	08/10/2007
Decision Date:	03/13/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, New York

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 60 year old male, who sustained an industrial injury on August 10, 2007. He has reported neck and back pain. The diagnoses have included cervicgia, epicondylitis, elbow sprain, carpal tunnel syndrome with release, brachial/cervical neuritis and myalgia and myositis. Treatment to date has included trigger point injections, physical therapy and oral medications. Currently, the IW complains of recent increase in the left upper traps and levator scapular muscle pain with trigger points. Treatment includes home exercise program and oral medications. On December 19, 2014 utilization review non-certified a request for trigger point injections X2 to the cervical muscles and shoulder muscles, noting lack of active rehabilitation program and restoration of functional capacity. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 2 to the cervical muscles and shoulder muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Trigger Point Injections

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

Decision rationale: The lumbar trigger point injections are not medically necessary. According to MTUS guidelines, it is not recommended for typical back pain or neck pain or radicular pain. The patient does not have documented failure from medical management therapies. The patient also had no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Trigger point injections should not be used as a primary therapy but as adjunct therapy in a rehabilitation program which the patient was not documented to be involved with. Therefore, the request is considered not medically necessary.