

Case Number:	CM15-0004281		
Date Assigned:	01/15/2015	Date of Injury:	08/01/2013
Decision Date:	03/20/2015	UR Denial Date:	12/11/2014
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: California, Washington

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

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 52-year-old female who reported an injury on 08/01/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck and shoulder. The injured worker's treatment history included trigger point injections, myofascial massage, medications, TENS unit, and physical therapy. The injured worker was evaluated on 01/08/2015. It was noted the treating provider's request for trigger point injections for the cervical spine and thoracic musculature had received an adverse determination. Objective findings included diffuse points of tenderness throughout the bilateral trapezius and scapular region and the lateral and posterior aspect of the cervical musculature. The injured worker's diagnoses included chronic myofascial pain in the cervical spine and thoracic spine secondary to a cervical spine sprain/strain. The injured worker's treatment plan included 5 to 7 trigger points and continuation of medication usage. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (5 sets to cervical): 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: The requested trigger point injections (5 sets to cervical) are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends trigger point injections in conjunction with active therapy for circumscribed trigger points identified with a twitch response. The clinical documentation submitted for review does not provide any evidence that the injured worker is actively participating in any type of therapy. Furthermore, the physical examination did not indicate circumscribed trigger points with an active twitch response. The clinical documentation did indicate in the physical examination vague tenderness throughout the cervical spinal musculature. As such, the requested trigger point injections (5 sets to cervical) are not medically necessary or appropriate.