

Case Number:	CM15-0006503		
Date Assigned:	01/26/2015	Date of Injury:	11/28/2008
Decision Date:	03/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 11/28/08. She has reported neck and low back pain. The diagnoses have included bilateral shoulder impingement, degenerative disc disease of the cervical spine and low back pain. Treatment to date has included physical therapy, diagnostic studies, oral medications and acupuncture. As of the PR2 on 12/26/14, the injured worker reported 8-9/10 pain in the neck, shoulders and hands. The treating physician is requesting a trigger point injection for the bilateral trapezius muscles. On 1/6/15 Utilization Review non-certified a request for a trigger point injection for the bilateral trapezius muscles. The UR physician cited the MTUS guidelines for neck and upper back complaints and trigger point injections. On 1/13/15, the injured worker submitted an application for IMR for review of a trigger point injection for the bilateral trapezius muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Trigger point injection for the bilateral trapezius muscle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: According to the 09/05/2014 report, this patient presents with a 9/10 "cervical radicular pain and cervical radiculopathy" that is "dull and achy constantly with intermittent sharp pain and stabbing pain with radiation into both arms, left arm greater than right." The current request is for 1 Trigger point injection for the bilateral trapezius muscle "as she has tenderness to palpation along the bilateral trapezius." Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. Based on the provided reports, the treating physician indicates that the patient has radicular symptoms for which trigger point injections are not indicated. Examination does not document trigger points with taut band and referred pain as required by MTUS. The current request IS NOT medically necessary.