

Case Number:	CM15-0100547		
Date Assigned:	06/03/2015	Date of Injury:	07/24/2014
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

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 25 year old who sustained an industrial injury on 07/24/2014. Mechanism of injury was an automobile accident. Diagnoses include neck sprain, lumbar sprain, and sprain of the sacroiliac ligament. Treatment to date has included diagnostic studies, medications, left S1 joint block, physical therapy, and chiropractic treatment. A Magnetic Resonance Imaging of the lumbar back done on 10/30/2014 showed 2 mm diffusely bulging disc at L4-L5 with left foraminal narrowing and a 2mm central disc protrusion at L5-S1 without foraminal narrowing or spinal stenosis. A physician progress note dated 04/13/2015 documents the injured worker complains of continuous cervical spine pain, which he rates as a 4-5 out of 10 with medications and a 7-8 out of 10 without medications. The duration of relief is 4-5 hours. On examination, there is tenderness to palpation of the bilateral paravertebral muscles, upper trapezius and head with associated spasm and guarding. His lumbar spine is tender to palpation of the bilateral paravertebral muscles, and left sacroiliac joint. He has decreased range of motion with increased pain on flexion, extension and left lateral flexion. Sacroiliac stress test was positive on the left. The treatment plan includes Norco, and a pain management consultation in consideration of left S1 injection. Treatment requested is for trigger point bilateral upper trap injection, under Ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point Bilateral upper trap injection, under Ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The claimant sustained a work-related injury in July 2014 due to a motor vehicle accident and continues to be treated for neck pain. When seen, there was cervical paravertebral muscle and upper trapezius muscle tenderness with guarding and muscle spasms. There were upper trapezius trigger points with decreased range of motion but without mention of referred pain pattern. Spurling's testing caused increased cervical pain. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore trigger point injections were not medically necessary.