

Case Number:	CM15-0100982		
Date Assigned:	06/03/2015	Date of Injury:	08/18/2006
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 18, 2006. In a Utilization Review report dated April 26, 2015, the claims administrator failed to approve a request for three trigger point injections twice a week for each of two weeks. The claims administrator referenced a RFA form of April 22, 2015 and associated progress note of April 21 2015 in its determination. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant reported severe, constant neck pain. The applicant had received previous epidural steroid injection therapy, it was acknowledged. The applicant had also undergone shoulder surgery for an earlier rotator cuff repair procedure. 7-8/10 pain complaints were noted. Neurontin, tramadol, Prilosec, Naprosyn, Flexeril, and 25-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place, although this was not clearly stated. The applicant had received a C7-T1 epidural steroid injection on April 17, 2013, it was acknowledged. On December 30, 2014, the applicant reported ongoing complaints of the neck pain radiating into the bilateral upper extremities, right greater than left. A positive Spurling maneuver and 4+/5 right upper extremity strength was appreciated. Electrodiagnostic testing was performed which demonstrated median and ulnar neuropathies. In a Medical-Legal Evaluation of October 19, 2007, it was acknowledged that the applicant was a qualified injured worker and was not, in fact, working. Multiple progress notes of October 7, 2014 and November 11, 2014 also alluded to and acknowledged the applicant's ongoing cervical radicular pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office based 3 Trigger Point Injections biweekly for 2 times: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: No, the request for three trigger point injections biweekly for two weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for applicants with radicular pain. Here, the applicant did have ongoing, longstanding cervical radicular pain complaints. The applicant had received multiple cervical epidural steroid injections, presumably for ongoing radicular pain complaints. The applicant was using gabapentin, again presumably for ongoing cervical radicular pain complaints. Trigger point injection therapy was not, thus, indicated in the radicular pain context present here. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that repeat trigger point injection should not perform unless a greater than 50% pain relief was obtained for six weeks after an injection that has documented evidence of functional improvement. Here, thus, the request for trigger point injections biweekly for each of two weeks represented treatment which ran counter to the philosophy espoused on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines to base trigger point injection therapy on evidence of functional improvement with the earlier trigger point injections. Here, the attending provider seemingly sought authorization for multiple sets of trigger point injections over the span of two weeks without a proviso to reevaluate the applicant between each injection so as to ensure the presence or absence of functional improvement as defined in MTUS 9792.20e before moving forward with further blocks. Therefore, the request was not medically necessary.