MAXIMUS Federal Services

Case Number:	CM15-0102301		
Date Assigned:	06/04/2015	Date of Injury:	11/26/2007
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
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: 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 sustained an industrial injury on November 26, 2007. She has reported neck and back pain and has been diagnosed with lumbar disc bulge at L4-5 with posterolateral protrusion on left, cervical facet joint arthropathy at C3-4, C4-5, and C5-6 with bilateral neuroforaminal stenosis, cervical spondylosis, left sided C5-6 radiculopathy and right sided carpal tunnel syndrome, and chronic myofascial pain syndrome. Treatment has included injections and medications. Range of motion of the cervical spine was restricted. Multiple trigger points were present with twitch response along medial border of the left scapula and left supraclavicular region. Hyper extension maneuver of the cervical spine was positive. There was loss of normal lordotic curve of the cervical spine. Paravertebral muscle spasm and localized tenderness was present in lower cervical and left supraclavicular region. Bilateral shoulder elevation was 100-110 degrees. The treatment request included trigger point injections for the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of any functional benefit from multiple previous injections, including multiple series of cervical epidural steroid injections throughout the previous years. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified radicular diagnosis which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injections to the cervical and thoracic spine is not medically necessary and appropriate.