

Case Number:	CM15-0103685		
Date Assigned:	06/08/2015	Date of Injury:	10/08/2007
Decision Date:	07/13/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: New York, West Virginia, Pennsylvania

Certification(s)/Specialty: Emergency 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 injured worker (IW) is a 42 year old female who sustained an industrial injury on 10/08/2007. The initial report of injury is not found in the available medical records. The injured worker was diagnosed as being status post fall with injuries to the head, neck, back and right knee. She has complex regional pain syndrome in the lower extremity; chronic pain syndrome, likely Central Pain Syndrome: chronic cervical sprain/strain injury, no evidence of Chiari malformation; chronic thoracolumbar sprain/strain with myospasm and myofasciitis; gastro intestinal complaints; depression and anxiety; iron deficiency anemia; insomnia; right knee pain with buckling with flexion contracture without MRI finding of obvious internal derangement; finding of cervical and thoracic spine syrinx; rule out syringomyelia vs. large spinal cord central canal. Treatment to date has included medications. Currently, the injured worker complains of neck pains, headaches, back pain, and pain in her extremities. She has numbness on her right side. Her current medications are Bupropion SR 150 daily, Buspirone 5 mg twice daily, Tramadol 100 mg. (which she gets from Mexico), Elavil 25 mg. On examination, the IW ambulates slowly using a walker. Her cervical range of motion is reduced due to pain and guarding and she has tenderness to palpation over the bilateral paracervical muscles with myospasm, greater on the right. She has trigger points in bilateral upper paracervical muscles. The lumbar spine active range of motion is very limited and guarded with less than 30degrees flexion and less than 5 degrees without ability to do more. There is non dermatomal hypesthesia over the right arm and hypesthesia over the right leg. Sensation is symmetrically intact over the torso. Cranial nerves II through XII are intact bilaterally. A MRI of the cervical spine dated 03/10/15 (0.3 Telsa0 indicates the previously noted prominence of spinal cord central canal extending from C4-T5 is not appreciated due to limitation of low field magnet. A repeat of the

MRI is recommended with a higher field magnet. A request for authorization was made for: MRI (magnetic resonance imaging) Cervical Spine, with contrast and 1.5 Tesla or stronger machine and 2-3 Trigger point injections, Left Trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 Trigger point injections, Left Trapezius: 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: Guidelines state that trigger point injections may be used to treat chronic low back or neck pain when documentation of circumscribed trigger points with evidence of a twitch response and referred pain occurs, symptoms persist longer than 3 months, medical therapies fail and radiculopathy is not present. No more than 3-4 injections per session and no repeat injections, unless a greater than 50% pain relief is obtained for 6 weeks after an injection which is associated with functional improvement. In this case, there was no documentation of twitch response and referred pain. The request for 2-3 left trapezius trigger point injections is not medically necessary.