

Case Number:	CM15-0107609		
Date Assigned:	06/12/2015	Date of Injury:	08/01/2013
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 72 year old female, who sustained an industrial injury on August 1, 2013. Treatment to date has included orthotics, home exercise program, NSAIDS, and trigger point injections. Currently, the injured worker complains of neck pain and hand pain. She reports that her sleep is interrupted due to neuralgia and her activities of daily living are limited due to chronic pain. She is able to tolerate her activity with her current medications. On physical examination pressure on her cervical facets aggravates her pain bilaterally. Extension, rotation and lateral bending aggravate facet in the middle pain and she has tenderness to palpation at myofascial trigger points with twitch responses. Her pain radiates to the posterior scapula and neck. The diagnoses associated with the request include neck pain with multilevel degenerative change to the cervical spine and mild spinal canal stenosis. The treatment plan includes neck and shoulder trigger point injections and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck trigger point injection every 6-8 weeks for 18-24 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.