

Case Number:	CM15-0018657		
Date Assigned:	02/06/2015	Date of Injury:	08/19/1998
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

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 is a 62-year-old male who reported injury on 08/19/1998. The mechanism of injury was cumulative trauma. Prior therapies included epidural steroid injections in the cervical spine and lumbar spine. The injured worker underwent an IDET procedure, acupuncture, and biofeedback. The injured worker was treated by a chiropractor. The documentation of 12/19/2014 revealed the injured worker had low back pain and lower extremity pain. The surgical history was noncontributory. The injured worker underwent an MRI of the lumbar spine, which revealed L5-S1 disc herniation touching the S1 nerve root. The physical examination revealed muscle tone over the trapezius that was increased with palpable tenderness. Muscle spasms were present. The injured worker's medications included Flexeril 7.5 mg 1 every 8 hours as needed for muscle spasms, and Aleve 220 mg as needed. The treatment plan included trigger point injection. The diagnoses included lumbago and degeneration of a cervical disc. The injured worker was noted to have increased pain on the right side of the neck and had difficulty turning the neck in that direction with a significant trigger point. The subsequent documentation of 01/16/2015 revealed the injured worker obtained trigger point injections that were somewhat beneficial, but it was noted as the injured worker found relief from the injections, the stress at work continued and increased, and the injured worker was unable to get an ergonomic setup. The appeal note dated 01/16/2015 revealed the injured worker was status post trigger point injections into the bilateral trapezii on 12/22/2014, and as such, it was a retrospective request. The documentation indicated the injured worker had continued complaints of neck pain, that since she worked as a stock broker and sat in front of a computer for a long

time, there was increased neck pain. The injured worker had increased muscle tone. The injured worker had 2 trigger points in the bilateral trapezius with spasms. As such, trigger point injections were injected. The documentation indicated the injured worker had trigger point injections in the past with 75% pain relief and improved function that lasted for over 2.5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection to right trapezius muscle: 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): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. There are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker had prior injections. There was documentation the injured worker had greater than 75% relief for at least 6 weeks, and there was documentation the injured worker had functional improvement. However, the specific objective functional improvement was not provided. The date of prior injections was not provided. Given the above, the request for 1 trigger point injection to the right trapezius muscle is not medically necessary.