MAXIMUS Federal Services

Case Number:	CM15-0120167		
Date Assigned:	06/30/2015	Date of Injury:	05/16/2008
Decision Date:	11/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male who sustained an industrial injury on 05-16-2008. The worker had multiple injuries. The worker is treated by a pain management specialist for his history of neck and low back pain in the setting of failed neck surgery syndrome and lumbar facet osteoarthritis and degenerative disc disease. Conservative treatment measures of heat, ice, rest, and gentle stretching and exercise which can be tolerated without exacerbating pain were recommended, and oral pain medications were prescribed with a medication maintenance regimen. Medications include MS Contin, Norco, and Lyrica (04-16-2015). The worker has had epidural steroid injection to the lumbar (12-22-2014). On the visit of 05-04-2015, the worker is seen for neck pain, low back, and leg pain. He at that time reported that his medications decrease his pain from a 9 on a scale of 0-10 down to a 4 on a scale of 0-10. The worker reports that his chronic pain medication maintenance regimen, activity restrictions, and rest keep his pain at a manageable level to all him to complete necessary activities of daily living. He reports his symptoms have become intolerable. On examination of the cervical spine, he has moderate tenderness in the bilateral cervical spine and trapezius with "considerable spasm" in the bilateral cervical spine and trapezius. Range of motion is limited and he has a positive Spurling's. The lumbar has bilateral positive straight leg raise, right greater than left. He has normal flexion, but unable to extend. Lateral bending is 30% restricted. Plans include continuation of conservative measures and medication, request a Lumbar MRI, and follow-up care. A request for authorization was submitted for 1 Trigger point injection, left trapezius, unspecified levels for submitted diagnosis of myalgia an myositis (unspecified) as an outpatient. A utilization review decision 06-15-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injection, left trapezius, unspecified levels for submitted diagnosis of myalgia an myositis (unspecified) as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case, the exam notes from 5/4/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore, the request is not medically necessary and the determination is for non-certification.