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| Case Number: | CM15-0130294 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 09/07/2006 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 07/02/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59-year-old male who sustained an industrial injury on 09/07/2006. Diagnoses include cervical spine degenerative intervertebral disc, spinal stenosis in the cervical region, intervertebral cervical disc disorder with myelography, cervical spondylosis and brachial radiculitis. Treatment to date has included medication, trigger point injections and epidural steroid injections. According to the progress notes dated 5/22/15, the IW reported neck pain with spasms in the right side of his neck for the previous four to five days. On examination, there was tenderness and spasms in the bilateral cervical paraspinal musculature with a palpable trigger point area in the upper trapezius muscle on the right side. Neck motion was active but guarded and painful at the extremes of motion. The motor and sensory exams were normal in the upper extremities. Biceps, triceps and brachioradialis reflexes were 0-1+. Trigger point injections of Toradol were given in the right side of the cervical paraspinal muscles. A request was made for retrospective review for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had received other invasive procedures in the past including ESI and trigger point injections. Although the claimant continues to have myofascial pain, the request for cervical trigger point injections is not medically necessary.