

Case Number:	CM15-0130424		
Date Assigned:	07/16/2015	Date of Injury:	06/02/2008
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: Pennsylvania, Ohio, California
 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 47 year old female, who sustained an industrial injury on 6/02/2008. She reported cumulative repetitive trauma to the neck, left shoulder and low back. Diagnoses include chronic cervical strain, left sided cervicobrachial syndrome, radial neuritis, chronic lumbar strain and lumbar Radiculopathy. Treatments to date include medication therapy, physical therapy including a functional restoration program, epidural steroid injection, and TENS use. Currently, she complained of neck and low back pain. On 4/23/15, the physical examination documented no new clinical findings. The plan of care included trigger point injection to the left trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the left trapezius Qty: 1.00: 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: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of Radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.