

Case Number:	CM15-0132105		
Date Assigned:	07/20/2015	Date of Injury:	10/05/2010
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 10/5/10. He reported pain in his neck and lower back. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculitis, lumbar facet syndrome and bilateral sacroiliac joint pain. Treatment to date has included a lumbar epidural injection x 2, physical therapy, chiropractic treatments, Norco and Gabapentin. As of the PR2 dated 4/20/15, the injured worker reports 50% pain relief for 2 weeks following lumbar epidural injection. He rates his pain a 7-8/10. The treating physician noted tenderness to palpation in the cervical and lumbar paraspinal muscles. The treating physician requested a bilateral levator scapulae trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Levator Scapulae Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122.

Decision rationale: The claimant sustained a work injury in October 2010 and is being treated for chronic neck and back pain. He underwent arthroscopic shoulder surgeries in January and March 2013. When requested physical examination findings included cervical spine tenderness with decreased range of motion and muscle spasms. The assessment references the presence of active bilateral scapular trigger points. Authorization for trigger point injections was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented. The requested trigger point injection procedure was not medically necessary.