

Case Number:	CM15-0134074		
Date Assigned:	07/22/2015	Date of Injury:	12/12/1993
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
 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 is a 54 year old female, who sustained an industrial injury on December 12, 1993. The injured worker was diagnosed as having cervical degenerative joint disease (DJD), sciatica, greater occipital neuralgia and lumbar degenerative joint disease (DJD) and degenerative disc disease (DDD) flare up. Treatment to date has included physical therapy, injections, lab work, x-rays, H-wave and medication. A progress note dated June 19, 2015 provides the injured worker complains of neck and back pain flare up and headache. Physical exam notes cervical trigger points with decreased painful range of motion (ROM). There is lumbar spasm, trigger points and decreased range of motion (ROM). There is a request for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections, bilateral trapezii quantity 4: 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: The trigger point injections are not medically necessary. According to MTUS guidelines, it is not recommended for typical back pain or neck pain or radicular pain. The patient does not have documented failure from medical management therapies. Additionally, trigger point injections are not recommended for radicular pain, which the patient has. He has had trigger point injections with some relief of pain but guidelines call for no repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement which the patient does not have documented in his chart. Therefore, the request is considered not medically necessary.

Ultrasound guidance for injections, quantity 4: 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: The request is not medically necessary. MTUS guidelines do not address the use of ultrasound for trigger point injections. Because the trigger point injections will not be certified, ultrasound is not medically necessary.