

Case Number:	CM15-0138023		
Date Assigned:	07/27/2015	Date of Injury:	01/30/2012
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
 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:

This 42 year old male sustained an industrial injury to the neck, back and left leg on 1/30/12. Previous treatment included physical therapy, massage, chiropractic therapy, acupuncture, epidural steroid injections, trigger point injections, radiofrequency ablation, medial branch block and medications. X-rays of the cervical spine (4/17/13) showed no significant abnormality. The injured worker underwent right C6 radiofrequency ablation on 5/22/15. In a visit note dated 6/17/15, the injured worker complained of ongoing bilateral upper extremity, neck and low back pain rated 3/10 on the visual analog scale. The injured worker had undergone bilateral T11 epidural steroid injections six weeks prior to the exam. The injured worker reported that the pain was now returning. The injured worker also noted some new tightness over the right side of the neck. The injured worker had started physical therapy for the neck one day prior to exam. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature with tight muscle bands and trigger points on the right and thoracic spine with positive radicular symptoms at T11 with palpation. Current diagnoses included cervicalgia, chronic pain syndrome, other pain disorder related to psychological factors and lumbago. The treatment plan included continuing physical therapy, requesting bilateral epidural steroid injections at T11, requesting trigger point injections for the neck, continuing medications (Baclofen and Lidocaine patch) and continuing acupuncture, chiropractic therapy and massage).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance for trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Guidelines have very specific guidelines for trigger point injections. One of these requirement is documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, none of the reports described the specific findings. Therefore this request is not medically necessary.