MAXIMUS Federal Services

Case Number:	CM15-0139351		
Date Assigned:	07/29/2015	Date of Injury:	04/11/2014
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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 53 year old female patient who sustained an industrial injury on 04/11/2014. A recent primary treating follow up visit dated 01/13/2015 reported chief complaint of having pain. She was last seen on 12/15/2014 and prescribed a course of chiropractic care, as it had helped in the past. She was also to continue medications: Norco, Ibuprofen. She is with subjective complaint of having primary discomfort in the neck radiating to the occiput. There is also a history of chronic intermittent low back pain, which was exacerbated by the industrial injury, but near baseline; left paraspinal and upper buttock area. The following diagnoses were applied: cervicalgia, lumbago. The impression reported cervical pain, spondylosis, without myelopathy, and lumbar pain, spondylosis without myelopathy. The plan of care noted performing stretching and exercises, continue medications, return to modified duty and follow up in 6 weeks. The maximal medical improvement date is expected to be reached at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections Qty: 3.00: 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.