MAXIMUS Federal Services

Case Number:	CM15-0139387		
Date Assigned:	07/29/2015	Date of Injury:	11/14/2012
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
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: 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 (IW) is a 44-year-old female who sustained an industrial injury on 11/14/2012. She reported being struck on the back/right side of the head by a piece of furniture. The injured worker was diagnosed as having cervical spine sprain/strain with right sided radiculitis. Treatment to date has included medication, physical therapy, chiropractic care, dental care, treatment with a psychologist, and radiographic imaging. Currently (06/18/2015), the injured worker complains of depressed mood with worries and anxiety. Objectively she has a blunted affect and evident fatigue. Medications include Prozac, Sentra, Gaboxetine, Gabasolamine, Sentra PM, Theramine, and Gabadone. The worker on 06/22/2015 complains of constant jaw pain on the right related to the neck with decreased ability to open the mouth past 2 finger breadths. She has a dental follow up. She complains of constant moderate achy, sharp, throbbing, burning neck pain, stiffness and weakness radiating to the right upper arm with numbness, tingling and weakness that is almost all the time in the right upper extremity. Medication does not relieve the pain much. She has not had PT for a long time and it is painful to stretch, etc. at home. She has constant activity modification, and now that the left arm is getting painful. Her right shoulder is sore and stiff with diminished range of movement. There is a complaint of loss of sleep due to pain. Her symptoms of pain are in the distribution of the medial brachial cutaneous nerve and medial ante-brachial cutaneous nerve with complaints of most pain being in the C8 distribution. Her current diagnoses include: Headache; TMJ dysfunction; Cervico-brachial syndrome; Rule out cervical radiculitis versus upper extremity neuritis; Right brachial plexus syndrome; Right shoulder adhesive tendinitis; Right shoulder myalgia; Fatigue; Loss of sleep. It is noted that in 08/19/2014, the worker had Diagnostic right anterior Scalene Intramuscular injections that gave 50% relief of the heaviness in the right arm and headache and auxiliary chest pain. The pain management physician recommends a surgical consultation for the thoracic outlet syndrome. The treatment plan includes

collaboration with the neurosurgeon, scheduling a MRI of the cervical spine, and possible surgical decompression of the brachial plexus. She is also to have a psych follow up. A request for authorization was made for the following: Single Multi Trigger Point Injection x 4 Sessions for One Year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Multi Trigger Point Injection x 4 Sessions for One Year: 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 new work injury in November 2012 and is being treated for neck and jaw pain. When seen, she was having pain bilaterally and difficulty chewing. Physical examination findings included trapezius, temporalis, lateral pterygoid, and masseter muscle pain with palpation. There was limited oral opening. Recommendations included four sessions of trigger point injections over a one year period of time. 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 and a trigger point injection was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A series of planned trigger point injection sessions would therefore also not be considered medically necessary.