

Case Number:	CM15-0141145		
Date Assigned:	07/30/2015	Date of Injury:	04/15/1997
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California

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 71-year-old male who sustained an industrial injury on 04/15/1997. Initial diagnoses are not available. Current diagnoses include axial cervical spine pain status post ACDF C5-C6, C6-C7, low back pain, lumbar spine fusion, and coronary artery disease. Diagnostic testing and treatment to date has included radiographic imaging, laboratory evaluations, pain management, and cervical spine surgery. Currently, the injured worker has exquisite tenderness to palpation over the right C5-C6 and C6-C7 paravertebral joints. He has spasms and limited range of motion with crepitus. Requested treatments include trigger point injection to the right trapezius. The injured worker's disability status is not addressed. Date of Utilization Review: 06/30/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the right trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, there was also request for other invasive procedures in conjunction including facet blocks and the claimant had already undergone cervical surgery. Therefore, the request for trapezial trigger point injection is not medically necessary.