

Case Number:	CM15-0141399		
Date Assigned:	07/31/2015	Date of Injury:	08/10/2012
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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:

The injured worker is a 56-year-old male with an industrial injury dated 08-10-2012. The injury is documented as occurring when he lifted a heavy object resulting in neck pain. His diagnoses included cervical radiculopathy, neuritis and degenerative disc disease of cervical spine. Comorbid conditions included cardiac, sleep apnea, hypertension, depression and asthma. Prior treatment included physical therapy, epidural steroid injection, medial branch block and trigger point injection and medication. He presents on 06/26/2015 for follow up. He was status post cervical spine fusion with facet arthropathy and radiculitis. His localized neck pain was doing well however he had some muscle spasm and was wondering if he should have a trigger point injection done. He described the average pain as 6 out of 10; pain level without medication was rated as 8-9 out of 10 and 6 out of 10 with medication. The pain medication improved the pain 30%. Physical exam revealed paracervical tenderness and moderate spasm. The request is for 1 trigger point injection under ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection under ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections.

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

Decision rationale: CA MTUS Chronic Pain Guidelines have very specific requirements for trigger point injections. One of these requirements is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Guidelines do not recommend repeat injections unless a 60% pain reduction for six weeks is documented. In this case, a progress report dated 11/17/2014 indicated that the last trigger point injection provided relief for only a couple of weeks. Therefore, due to lack of benefit, the request is not medically necessary.