MAXIMUS Federal Services

Case Number:	CM15-0141662		
Date Assigned:	07/31/2015	Date of Injury:	07/25/2013
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female sustained an industrial injury neck, shoulders and left elbow on 7-25-13. Previous treatment included physical therapy, chiropractic therapy, acupuncture, cervical traction, home exercise and medications. The injured worker had been approved for cervical epidural steroid injections but could not schedule an appointment prior to expiration of the authorization. In a PR-2 dated 6-11-15, the injured worker complained of continued localized neck pain. The injured worker stated that she was interested in trigger point injections. Physical exam was remarkable for cervical spine with decreased lordosis and tenderness to palpation to the paravertebral musculature with spasms. Current diagnoses included cervical spine sprain and strain with left upper extremity radiculopathy, bilateral shoulder sprain and strain and resolved left elbow sprain and strain. The treatment plan included requesting authorization for trigger point injections under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left PVM trigger point injection under US guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Trigger point injections.

Decision rationale: Due to the equivocal evidence of any benefits, the MTUS Guidelines have very specific criteria to support the use of trigger point injections. One of the criteria is that there should not be a radicular syndrome. This individual's diagnosis includes a left upper extremity radicular syndrome and the innervation of the muscles involved are from the cervical spine. In addition, the ODG Guidelines are not supportive of the medical necessity for ultrasonic guidance. The Guidelines point out that there is no objective means or tests to diagnosis a trigger point. An injection is based on the subjective complaints of pain with palpation over narrow circumscribed areas. There are no unusual circumstances to justify an exception to Guidelines. The 1 left PVM trigger point injection under Ultrasound (US) guidance is not supported by Guidelines and is not medically necessary.

60 Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Cyclobenzaprine be limited to 2-3 weeks and not utilized on a daily long-term basis. If it is highly effective, Guidelines support short-term intermittent use for distinct flare-ups. However, it is being office dispensed for long-term use on a daily basis. Under these circumstances, the 60 Cyclobenzaprine 10mg is not supported by Guidelines and is not medically necessary.