

Case Number:	CM15-0144451		
Date Assigned:	08/05/2015	Date of Injury:	03/21/2011
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 57 year old female, who sustained an industrial injury on March 21, 2011. The injured worker reported that a stack of chairs fell onto the injured worker while she tried to catch them. The injured worker was diagnosed as having depressive disorder not elsewhere classified, thoracic spondylosis, post cervical laminectomy at cervical five to six, and myofascial pain syndrome involving the trapezius muscle. Treatment and diagnostic studies to date has included physical therapy, status post anterior cervical discectomy fusion, use of a transcutaneous electrical nerve stimulation unit, epidural injections, left shoulder injection, and psychotherapy. In a progress note dated June 17, 2015 the treating physician reports complaints of constant, dull pain to the base of the spine, constant, sharp, burning pain to the left thoracic spine, and associated symptoms of numbness to the left arm, depression, and anxiety attacks. Examination reveals positive Hoffman's testing bilaterally, decreased sensation to the left dorsal thumb, decreased range of motion to the thoracic spine, moderate decrease in the range of motion to the cervical spine, tenderness to the left paraspinal muscles, tenderness at the thoracic five to six and thoracic six to seven levels, tenderness to the lower cervical spinous processes on the left causing trigger point radiating pain to the left arm, and tenderness to the lateral mass. The injured worker's pain level was rated a 4 out of 10. The treating physician noted prior physical therapy to be helpful. However, the physical therapy progress note from December 01, 2014 noted at least twelve prior sessions of physical therapy but the documentation did not indicate any functional improvement from prior physical therapy sessions. The treating physician requested a trapezius trigger point injection to the left trapezius adjacent to the lower cervical

spinous processes followed by six sessions physical therapy at two times a week for three weeks for stretching and instruction for a stretching program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trapezius trigger point injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Trapezius trigger point injection is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy should not be present (by exam, imaging, or neuro-testing). The documentation indicates that the patient has radiation of symptoms in the left arm and decreased left thumb sensation. The documentation suggests cervical radiculopathy. Furthermore, the laterality of the injection is not specified on the request therefore this request is not medically necessary.

Post injection physical therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections and physical medicine Page(s): 122 and 98-99.

Decision rationale: Post injection physical therapy 2 times a week for 3 weeks is not medically necessary per the MTUS Guidelines. The MTUS recommends supervised therapy with a transition to an independent home exercise program. The MTUS states that trigger point injections are not to be performed in the setting of radiculopathy. Given that the trigger point injection is not medically necessary the request for physical therapy post injection is not medically necessary.