

Case Number:	CM15-0149745		
Date Assigned:	08/12/2015	Date of Injury:	09/19/2014
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/03/2015

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 is a 55 year old female, who sustained an industrial injury on September 19, 2014. She reported an injury to her right arm, right ear and neck. Her past medical history is significant for rheumatoid arthritis. Treatment to date has included physical therapy, home exercise program, NSAIDS, diagnostic imaging, orthopedic surgical consultation, modified work duties, cortisone injection and medications. Currently, the injured worker complains of pain in her neck, right shoulder, right elbow and right forearm and in her low back. She describes her neck pain as sharp and stabbing and rates this pain an 8 on a 10-point scale. Her neck pain is improved with exercise and aggravated with prolonged standing and bending at the waist. Her right upper extremity pain is described as deep, sharp and stabbing and she rates this pain an 8 on a 10-point scale. Her right upper extremity pain is improved with activity restriction and aggravated by grabbing, lifting and twisting. Her low back pain is sharp, stabbing pain with radiation of pain into the right leg. She rates her low back pain an 8 on a 10-point scale and notes that this pain is improved with exercising. Her low back pain is aggravated by bending at the waist and with prolonged standing. An MRI of the cervical spine on April 4, 2015 revealed cervical arthrosis, facet inflammation and effusion, facet arthrosis and degenerative type anterolisthesis. The diagnoses associated with the request include neck pain, rheumatoid arthritis, cervical strain, and degenerative disc disease. The treatment plan includes trigger point injections into the upper extremities at three sessions every 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections into the neck muscles: 3 sessions every 6-8 weeks for 18-24 weeks
qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 8-9, 122.

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

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for neck, right upper extremity, and right ear pain her past medical history includes rheumatoid arthritis. She was seen for an initial evaluation on 07/13/15. She was having neck and low back pain and right shoulder, elbow, and forearm pain. Physical examination findings included paresthesias with cervical and shoulder motion and with lateral cervical spine pressure. There was decreased right upper extremity strength and sensation. There were paraplegia is with pressure over the greater and lesser occipital nerves. There were muscle spasms over the trapezius, levator scapular, rhomboid, middle scalene, pectoralis, and intercostalis muscles. There was subluxation of the thumb. A series of trigger point injections is being requested. 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 trigger point injections are 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 injections would therefore also not be considered medically necessary.