

Case Number:	CM15-0160705		
Date Assigned:	08/27/2015	Date of Injury:	07/04/2000
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, 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:

The applicant is a represented 50-year-old who has filed a claim for chronic neck, low back, hip, and leg pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of July 4, 2000. In a Utilization Review report dated July 17, 2015, the claims administrator retrospectively denied a trigger point injection apparently performed on July 3, 2015. The applicant's attorney subsequently appealed. On said July 3, 2015 progress note, the applicant reported multifocal complaints of low back, hip, leg, and neck pain. The applicant was on Soma, Topamax, Percocet, Cymbalta, Zomig, Protonix, Lopressor, Benadryl, Claritin, Xanax, Zocor, and Pepcid, it was reported. The applicant was moderately depressed, it was reported. The applicant presented for the purposes of obtaining a trigger point injection, it was explicitly stated. The applicant was given various diagnoses, including that of cervical radiculitis. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On June 18, 2015, the applicant was given trigger point injections to the cervical and paraspinal region. The applicant was status post earlier epidural steroid injection therapy, it was reported. The applicant had also undergone lumbar spine surgery, it was reported. Trigger point injections were performed. The applicant did report burning and shooting neck and low back pain. Toward the top of the note, it was acknowledged that the applicant was not currently working. In an RFA form dated July 3, 2015, the attending provider sought authorization for a trigger point injection performed in the office, cervical MRI imaging, and a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: No, the trigger point injection performed on July 3, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain. Here, the applicant was, however, described as having ongoing issues with radicular pain on progress notes of July 3, 2015 and June 18, 2015, referenced above. The applicant was using adjuvant medications such as Cymbalta and Topamax, presumably for radicular pain. The applicant was explicitly given a diagnosis of cervical radiculitis on July 3, 2015. A cervical epidural injection was sought on that date. It did not appear, in short, that a trigger point injection was indicated in the radicular pain context present here, as suggested on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvements with earlier blocks. Here, however, it did not appear that the applicant had effected functional improvement with earlier trigger point injections. The applicant had seemingly received multiple trigger point injections over the course of the claim, including on June 18, 2015 and on the July 3, 2015 date of service at issue. Receipt of the earlier trigger point injections failed to affect the applicant's return to work, as acknowledged on June 18, 2015. Permanent work restrictions were renewed, unchanged, on that date. The applicant remained dependent on a variety of opioid and non-opioid agents to include Percocet, Soma, Topamax, and Cymbalta, it was acknowledged on July 3, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior trigger point injection(s). Therefore, the request was not medically necessary.