

Case Number:	CM15-0161616		
Date Assigned:	08/28/2015	Date of Injury:	07/27/2011
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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 29-year-old who has filed a claim for chronic neck and upper back pain with derivative complaints of mood disturbance reportedly associated with an industrial injury of July 27, 2011. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for myofascial injection to the upper back and neck. The claims administrator referenced a July 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the attending provider sought retrospective authorization for previously performed myofascial injections. The attending provider also sought authorization for Lyrica. The attending provider noted that the applicant had undergone earlier cervical decompression surgery. The attending provider contented that the applicant had a favorable response to earlier trigger point injections but acknowledged that the applicant was not working. The attending provider suggested that the applicant pursue vocational rehabilitation. Highly variable 1 to 7/10 pain complaints were noted. The claimant was on Lopressor, Lexapro, MiraLax, Seroquel, Xanax, Lyrica, Catapres, Pristiq, Percocet, OxyContin, and Desyrel, it was reported. Trigger point injections were performed. The request was framed as a repeat trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Myofascial injection right upper back/ neck (Unknown DOS): 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 rationale: No, the request for a retro myofascial injection/retro-trigger point injections performed on or around July 15, 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 but, rather, are recommended only for myofascial pain syndrome. Here, however, the applicant was described as having residual cervical radicular complaints status post earlier cervical disk replacement and foraminal decompression surgery. The applicant was using Lyrica, presumably for residual radiculopathy, it was acknowledged on that date. Trigger point injections were not, thus, indicated in the cervical radiculopathy-context present here. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat trigger point injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the request in question did, in fact represent a repeat trigger point injection. However, it did not appear that the claimant had profited appreciably from receipt of earlier trigger point injection therapy. The claimant remained off of work, it was reported on July 15, 2015. The claimant remained dependent on opioid agents to include OxyContin and Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier trigger point injection therapy. Therefore, the request was not medically necessary.