

Case Number:	CM15-0166226		
Date Assigned:	09/03/2015	Date of Injury:	10/29/2001
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on October 29, 2001. The injured worker was diagnosed as having cervical displaced intervertebral disc and cervical radiculopathy. Treatment to date has included medication, medial branch block and home exercise program (HEP). A progress note dated July 7, 2015 provides the injured worker complains of neck, right scapula and right arm pain. She rates the pain 7 out of 10. She reports previous medial branch block provided good relief but only for a couple hours. Physical exam notes painful decreased range of motion (ROM) with positive Spurling's, trigger points and tenderness to palpation. The plan includes radiofrequency rhizotomy, therapeutic massage, trigger point injections, home exercise program (HEP), medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant already received other invasive procedures as well as medications. Therefore the request for trigger point injection is not medically necessary.