

Case Number:	CM15-0182194		
Date Assigned:	09/23/2015	Date of Injury:	08/20/1997
Decision Date:	10/27/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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 52 year old male who sustained an industrial injury on 8-20-97. Diagnoses are noted as brachial neuritis or radiculitis not otherwise specified, opioid type dependence continuous, displacement cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and depressive disorder not elsewhere classified. In a progress report dated 8-31-15, the physician notes complaints of pain in the cervical spine which radiates to the back of his head and down into the mid back, between the shoulder blades. It is noted he has been experiencing this pain for more than 10 years. Pain is rated at 4 out of 10, increases to 6.5-7 out of 10 without medication, and is made worse by lifting, turning to the left or right, and repetitive movements. Pain is improved by taking medications. A history of vertigo-dizziness with Lyrica is reported. Medications are Toradol (5-day supply), Oxycodone, Xanax, Flexeril, Voltaren, Amitiza, and Topiramate. He has tried trigger point injections in the past year and notes that to have been partially beneficial in that they have helped to significantly decrease the pain in his neck and shoulders for more than 12 weeks. Active range of motion of the cervical spine is limited and pain is noted with extension and lateral rotation and right lateral flexion. Pain is noted with palpation of the myofascial band and there is decreased sensation at left C7-C8. A request is for trigger point injections to the cervical spine as he had over a 60% pain relief from a previous injection, which lasted a duration over 6 weeks for a diagnosis of cervical disc herniation. The requested treatment of trigger point injection for the cervical spine region was non-certified on 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection for cervical spine region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1997 and continues to be treated for radiating neck pain. Trigger point injections are referenced as having helped significantly to decrease pain in the neck and shoulders for more than 12 weeks. When seen, physical examination findings included pain with palpation and myofascial bands along the splenius capitis and trapezius with positive left Hoffman testing and decreased left upper extremity sensation. The identical findings are documented at every visit beginning in April 2015. He has a body mass index of 36. 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 physical examination findings appear unchanged over the evaluations performed. A trigger point injection is not medically necessary.