

Case Number:	CM15-0182246		
Date Assigned:	09/23/2015	Date of Injury:	11/03/2010
Decision Date:	10/27/2015	UR Denial Date:	09/09/2015
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 39 year old male, who sustained an industrial injury on November 3, 2010, incurring upper back injuries. He was diagnosed with a cervical sprain, displacement of cervical intervertebral disc without myelopathy. Treatment included physical therapy and home exercise program, chiropractic sessions, cervical trigger point steroid injections, exercises and restricted activities. There was no documented medical information of the results of the trigger point injections. On August 9, 2012, a cervical Magnetic Resonance Imaging revealed posterior cervical disc bulge with no spinal stenosis and mild spinal cord indentation of the cervical spine. Currently, the injured worker complained of limited range of motion in the cervical spine region associated with tenderness and pain. He rated his cervical pain 5 out of 10 on a pain scale from 1 to 10, and experiencing persistent cervical and neck spasms. The constant pain effected and interfered with the injured worker's activities of daily living. Chiropractic sessions were effective in some relief of pain. The treatment plan that was requested for authorization on September 16, 2015, included trigger point injections for the cervical spine. On September 16, 2015, a request for trigger point injections for the cervical spine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections, Cervical: 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 sustained a work injury in November 2010 as the result of a motor vehicle accident and continues to be treated for neck pain. Trigger point injections were performed on 05/06/15. In follow-up on 05/27/15 there had been a 90% improvement lasting for over two weeks. The plan included repeating the trigger point injections. Trigger point injections were again performed on 07/23/15. When seen in August 2015 he was continuing to have neck pain without radiating symptoms. He was performing home exercises. He had undergone trigger point injections and reported a 90% improvement in pain. Physical examination findings a body mass index of nearly 33. There was cervical paraspinal muscle tenderness with reference to finding for trigger point. There was decreased cervical spine range of motion. The assessment references myofascial pain with trigger point tenderness of the cervical paraspinal muscles bilaterally. Authorization is being requested for another trigger point injection. 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 at any visit. 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. In this case, the duration of pain relief after the last injection performed is not adequately documented. The request for a repeat injection is not considered medically necessary.