

Case Number:	CM15-0191199		
Date Assigned:	10/05/2015	Date of Injury:	08/29/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 8-29-2011. Medical records indicate the worker is undergoing treatment for cervical disc herniation with right upper extremity radiculopathy. A recent progress report dated 8-17-2015, reported the injured worker complained neck pain with associated cervicogenic headaches with pain radiating down the right upper extremity with weakness and numbness in his right hand. He reports his pain can go as high as 8 out of 10, but with his current medications and trigger point injections, it has decreased to 5 out of 10. Physical examination revealed cervical musculature tenderness and numerous palpable, tender trigger points. Treatment to date has included physical therapy, right knee injection, steroid injections, Norco, Anaprox, Ultracet and Neurontin. The physician is requesting Retrospective 4 trigger point injection (total of 10 cc of 0.25 % Bupivacaine). On 8-31-2015, the Utilization Review non-certified the request for Retrospective 4 trigger point injection (total of 10 cc of 0.25 % Bupivacaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 4 trigger point injection (total of 10 cc of 0.25 % Bupivacaine): 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 goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Retrospective 4 trigger point injection (total of 10 cc of 0.25 % Bupivacaine) is not medically necessary and appropriate.