MAXIMUS Federal Services

Case Number:	CM15-0191358		
Date Assigned:	10/05/2015	Date of Injury:	02/08/2012
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
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: 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 56 year old female who sustained an industrial injury on 2-8-12. A review of the medical records indicates she is undergoing treatment for chronic pain syndrome, fibromyalgia, depressive disorder, status post left shoulder arthroscopy, status post left knee arthroscopy for meniscal injury, left lumbar radiculopathy, severe left cervical radiculopathy with cord compression and increasing weakness, and idiopathic hypertrophic subaortic stenosis with a history of cardiomyopathy. Medical records (4-16-15 to 8-14-15) indicate ongoing complaints of neck pain, left shoulder pain, and left knee pain. The records on 8-14-15 indicate "widespread pain complaints". She reports her neck pain is associated with upper extremity numbness and tingling. She complains of left shoulder pain on 8-10-15, rating it "10 out of 10". The report indicates that she stopped taking her medications, as they were no longer helping. The physical exam (8-14-15) reveals that the injured worker is "moving slowly with depressed affect". Range of motion of the cervical and lumbar spine is limited by pain. A positive Spurling's sign is noted on the left side. Left upper extremity weakness is noted. Diagnostic studies have included MRIs of the cervical spine and left knee, as well as periodic urine drug screening. Treatment has included a lumbar brace support, bilateral hinged knee braces, use of heat and ice, physical therapy, and trigger point injections. A request for authorization of aqua therapy is pending. She is not currently (8-14-15) working. Effects on activities of daily living are not indicated in the reviewed records. The utilization review (8-26-15) includes a request for authorization of Multifidus Trigger Point Injection. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multifidus Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Surgical Considerations, Summary.

Decision rationale: According to the ACOEM guidelines, trigger 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 physical exam was not provided in detail to illustrate the spasms, trigger point areas or necessity. The request for cervical trigger injections are not medically necessary.