

Case Number:	CM15-0193431		
Date Assigned:	10/07/2015	Date of Injury:	07/26/2013
Decision Date:	11/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/01/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial-work injury on 7-26-13. He reported initial complaints of low back pain, hip, and neck pain. The injured worker was diagnosed as having cervicgia, lumbago, and chronic pain syndrome. Treatment to date has included medication, bilateral L2-3 medial branch blocks, acupuncture, and physical therapy (6 sessions). Currently, the injured worker complains of diffuse neck pain described as pinching with spasm, low back pain and bilateral hip pain. Pain is rated 7-9 out of 10. Pain radiates into lower trapezius muscles and rhomboids. Medial branch blocks provided 80% relief. NSAIDS and therapy were not beneficial. Current medications include Tramadol, Omeprazole, Naproxen, Orphenadrine, and Zofran. Per the primary physician's progress report (PR-2) on 9-17-15, exam noted full range of motion of the cervical spine, tenderness over the right lower trapezius and right rhomboids, lumbar facet loading is positive from both sides. The Request for Authorization requested service to include Right lower trapezius and rhomboid TPI (trigger point injection) with ULS (ultrasound). The Utilization Review on 9-29-15 denied the request for Right lower trapezius and rhomboid TPI (trigger point injection) with ULS (ultrasound), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lower trapezius and rhomboid TPI (trigger point injection) with ULS (ultrasound):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pmc/articles/PMC3182370/ - A New Look at Trigger Point Injections.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case, the exam notes from 9/17/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore, the request is not medically necessary.