

Case Number:	CM15-0194468		
Date Assigned:	10/08/2015	Date of Injury:	04/17/2015
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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 54 year old female, who sustained an industrial injury on 04-17-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for thoracic spine strain or sprain, right shoulder sprain with impingement syndrome, right elbow injury, right wrist strain or sprain, stress, anxiety, depression and disturbed sleep. Medical records (06-25-2015 to 08-27-2015) indicate ongoing thoracic pain. Pain levels were 6-7 out of 10 on a visual analog scale (VAS). Records also indicate slower than expected and mild functional change, increased mobility, and decreased frequency of pain. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 08-27-2015, revealed palpable trigger points that produced pain. Relevant treatments have included physical therapy (PT), acupuncture, chiropractic treatments, work restrictions, and pain medications. The treating physician indicates that x-rays of the thoracic spine (06-2015) showed an unremarkable thoracic study. The request for authorization (08-27-2015) shows that the following procedure was requested: trigger point injection to the thoracic spine. The original utilization review (09-03-2015) non-certified the request for trigger point injection to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

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

Decision rationale: According to the ACOEM guidelines, trigger point 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. The claimant has already undergone acupuncture and therapy. The amount of injections was not specified. Therefore, the request for thoracic trigger point injection is not medically necessary.