

Case Number:	CM15-0194550		
Date Assigned:	10/08/2015	Date of Injury:	04/01/2009
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 71 year old female, who sustained an industrial injury on 4-1-2009. The injured worker was being treated for cervicgia and cervical facet arthropathy. Medical records (8-13-2015) indicate the injured worker reported a continued flare-up of the right trapezius pain, which is intermittent, with muscle spasms. Her pain was rated 7 out of 10. She reported her pain was relieved by 90-100% during the anesthetic phase of radiofrequency. The physical exam (8-13-2015) revealed 1+ biceps, triceps, and brachioradialis reflexes. The injured worker denied radicular symptoms. The C5-T1 (cervical 5-thoracic 1) dermatomal testing was equal and symmetric, improved cervical range of motion and new radicular snapping band tenderness with twitch response over the right trapezius and right levator scapulae. On 10-30-2013, an MRI of the cervical spine revealed mild diffuse degenerative disc disease and mild to moderate facet arthropathy. The most significant included mild central and mild bilateral foraminal stenosis at C5-6 (cervical 5-6) and mild bilateral foraminal stenosis at C6-7 (cervical 6-7). Treatment has included physical therapy, a home exercise program, ice, heat, cervical medial branch blocks on 6-8-2015, and medications including oral pain, topical pain, and non-steroidal anti-inflammatory. The requested treatments included a trigger point injection. On 9-17-2015, the original utilization review non-certified a retrospective request for a trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro trigger point injection: 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. In this case, the claimant also underwent cervical blocks, therapy and medications which provided more proven and longer term benefit. Therefore, the request for cervical trigger point injection is not medically necessary.