

Case Number:	CM15-0201263		
Date Assigned:	10/16/2015	Date of Injury:	06/10/2011
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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 35 year old female, who sustained an industrial injury on 6-10-2011. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, cervical radiculitis, and rule out cervical spine disc injury. Treatment to date has included diagnostics, C5-6 and C6-7 medial branch neurotomy, physical therapy chiropractic, trapezial trigger point injections 6-22-2015, and medications. On 7-23-2015, the injured worker complains of neck pain going down the shoulders and down her elbows, migraines, low back tightness, and wrist weakness. Objective findings noted tenderness to the cervical spine and traps with multiple areas of trigger point tenderness and spasm, noting that she held her head in a guarded position. Her work status was permanent and stationary. Current medication regimen was not noted. The treatment plan (per the Request for Authorization dated 9-05-2015) included cervical trigger point injections x2, non-certified by Utilization Review on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection cervical x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 7/23/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for non-certification. Therefore, the request is not medically necessary.