

Case Number:	CM15-0202339		
Date Assigned:	10/19/2015	Date of Injury:	02/10/1998
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
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 48-year-old male who sustained an industrial injury on 2-10-1998 and has been treated for chronic neck pain, radiculopathic symptoms radiating from this neck, and headaches, secondary to cervical spinal injury. Other diagnoses for which he is being treated relate to leg paresthesias and left ankle pain. On 9-10-2015 the injured worker reported continued neck pain rated 7 out of 10, and that he was sleeping only 4 hours per night with 4 interruptions due to pain. The objective examination noted that his cervical range of motion was guarded in extension and lateral bending, and caused radiating parenthesis into the arms. The physician noted "trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius, and rhomboid muscles, which produced local twitch responses to compression, and referred pain to the posteria scapula and neck." Documented treatment includes physical therapy, stretching exercises, Botox, Lyrica, Horizant, Norco, and Duloxetine. He states symptoms have been regular since 2-1998. There is no information in the provided documents indicating previous trigger point injections. The treating physician's plan of care includes 3 sessions of trigger point injection into the shoulder and neck muscles which were denied on 2-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) sessions of trigger point injection into the shoulder and neck muscles: Upheld

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

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 9/10/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy with radiating parenthesis into the arms. Therefore the determination is for non-certification. The request is not medically necessary.