

Case Number:	CM15-0203620		
Date Assigned:	10/20/2015	Date of Injury:	09/30/2014
Decision Date:	12/01/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This is a 33 year old female who sustained an industrial injury on 9-30-2014. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury, cervicogenic headache, occipital neuralgia, cervical sprain and strain and myofascial pain. Per the progress report dated 9-3-2015, the injured worker complained of neck pain and headaches. She had a new complaint of tightness and muscle spasms in the trapezius musculature and cervical paraspinal muscles. The physical exam (9-3-2015) revealed muscle spasm and tenderness over the trapezius musculature and interscapular muscles. The treatment plan was for trigger point injections on the next visit. According to the progress report dated 10-1-2015, the injured worker complained of headaches. She complained of a particular spot over the left scapular that was painful. She rated her pain 6-7 out of 10. Movement of her head made her pain worse. Per the treating physician (10-1-2015), the injured worker was currently off work. Objective findings (10-1-2015) revealed tenderness over the right mastoid area. There was localized tenderness over the left interscapular area. Treatment has included physical therapy, psychotherapy, acupuncture and medications (Lyrica and Nortriptyline). The original Utilization Review (UR) (10-14-2015) denied a request for trigger point injections for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the neck: 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 9/3/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is not medically necessary.