MAXIMUS Federal Services

Case Number:	CM15-0204855		
Date Assigned:	10/21/2015	Date of Injury:	11/03/2010
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male with a date of injury on 11-3-10. A review of the medical records indicates that the injured worker is undergoing treatment for head and cervical spine injuries. Progress report dated 3-27-15 reports continued complaints of neck pain for the past 5 years rated 5 out of 10 and is described as aching and throbbing. At the last visit he was given trigger point injections and stated 90 percent relief in pain for 2 weeks. He has been treating with the chiropractor and has been helpful. He has not been to the chiropractor since the injection. Medication list: Norco 10-325 mg. Progress report dated 9-14-15 reports continued complaints of pain rated 5 out of 10. He is taking norco and states it reduces the pain by 30 percent. Physical exam: cervical range of motion is normal with moderate pain and discomfort with flexion and extension, no tenderness to palpation over the spinous processes of the cervical spine and no tenderness to palpation over the corresponding paraspinous musculature. Treatments include: medication, physical therapy, chiropractic and injections. Request for authorization was made for Trigger point injection for the cervical spine. Utilization review dated 9-28-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the cervical spine: 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: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. Guidelines do not recommend repeating the trigger point injections unless there is noted 50% pain relief for duration of at least 6 weeks with documented functional improvement, not demonstrated here with 90% relief for 2 weeks. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified normal cervical range without tenderness to support for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injection for the cervical spine is not medically necessary and appropriate.