MAXIMUS Federal Services

Case Number:	CM15-0208575		
Date Assigned:	10/27/2015	Date of Injury:	01/14/2010
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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 40 year old female, who sustained an industrial injury on 1-14-10. The injured worker was diagnosed as having cervical disc with radiculitis and neck pain. Treatment to date has included acupuncture, 6 physical therapy sessions, and medication including Hydrocodone APAP, Cyclobenzaprine, and Fenoprofen. Physical examination findings on 9-22-15 included tenderness to palpation over the trapezius and rhomboid muscles bilaterally. On 8-21-15, the injured worker stated she had difficulty with activities of daily living including combing hair, applying make-up, and driving. On 9-22-15, the injured worker complained of right arm pain, numbness, and weakness with numbness and tingling in the fingers. The treating physician requested authorization for a trigger point injection for the cervical paraspinal. On 9-28-15 the request was non-certified by utilization review.

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 paraspinal: Upheld

Claims Administrator guideline: Decision based on MTUS 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, epidural steroid 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. The request for trigger point injections is not medically necessary. In this case, the claimant was already undergoing other adjunctive treatment such as acupuncture and infrared light therapy and physical therapy. The addition of trigger point injections is not medically necessary.