MAXIMUS Federal Services

Case Number:	CM15-0214404		
Date Assigned:	11/04/2015	Date of Injury:	01/28/2013
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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: Pennsylvania, Ohio, 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 28 year old male sustained an industrial injury on 1-28-13. Documentation indicated that the injured worker was receiving treatment for cervical pain, thoracic pain and headaches. Previous treatment included physical therapy, chiropractic therapy, injections and medications. In a PR-2 dated 3-23-15, the injured worker complained of ongoing neck and left shoulder pain, rated 4 to 7 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with positive bilateral facet loading and left Spurling's, tenderness to palpation to the facets and limited range of motion: rotation, extension and flexion 45 degrees and thoracic spine with limited range of motion, decreased range of motion in the left arm, left upper extremity with numbness, tingling and weakness and positive thoracic spine axial loading. The physician recommended trigger point injections every three months to decrease pain and inflammation so the injured worker could better tolerate physical therapy and slow progression of the disease. The injured worker received a left scapular and rhomboid injection on 8-18-15. In the most recent documentation submitted for review, a chiropractic therapy progress note dated 10-6-15, the injured worker complained of ongoing cervical spine and thoracic spine pain, rated 2 to 3 out of 10 on the visual analog scale with radiation to bilateral upper extremities down the shoulder. Physical exam was remarkable for cervical spine with taut and tender fibers, thoracic spine with bilateral trigger points, positive cervical compression test and positive shoulder depression test. The physician continued to request trigger point injections every three months. On 10-14-15, Utilization Review non-certified a request for trigger point injections, Qty 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections, QTY: 3: 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: MTUS recommends trigger point injections based on specific clinical criteria, including documentation of circumscribed trigger points with a twitch response as well as failure to respond to specific first-line treatment and absence of radiculopathy. The records in this case do not clearly document trigger points as defined in MTUS and an alternate rationale has not been provided. This request is not medically necessary.