

Case Number:	CM15-0215191		
Date Assigned:	11/05/2015	Date of Injury:	02/09/2012
Decision Date:	12/16/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old male who sustained an industrial injury on 02-09-2012. On 11-11-2014, he underwent a left C3 foraminotomy followed by physical therapy. Documentation shows that he was being treated for brachial neuritis or radiculitis not otherwise specified, cervicgia, unspecified neuralgia, neuritis and radiculitis and unspecified myalgia and myositis. On 04-20-2015 and 05-20-2015, the injured worker received a trigger point injection. On 06-05-2015, the injured worker continued to have issues with left-sided muscle pain. He reported that he had two weeks and 75% improvement of symptoms and was quite functional following trigger point injections. On 07-06-2015, he received another trigger point injection. According to a progress report dated 08-17-2015, the injured worker was seen for a trigger point injection. Subjective symptoms were not addressed. He reported good response to trigger point injections but only short-term response. A cervical trigger point injection was administered. The plan was to determine if Botox could help provide long-term relief. On 10-26-2015, Utilization Review non-certified the request for trigger point injections to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Trigger point injections.

Decision rationale: Guidelines have very specific criteria to support treatment with recurrent trigger point injections. To justify repeat injections the Guidelines clearly recommend a sustained response to the prior injections with at least 6 weeks of 50% improvement in pain and functioning. The records document that the amount of benefit is limited in duration and does not meet these standards. There are no unusual circumstances to justify an exception to Guideline recommendations. The repeat Trigger point injections to cervical spine are not supported by Guidelines and is/are not medically necessary.