

Case Number:	CM15-0031550		
Date Assigned:	02/24/2015	Date of Injury:	09/19/2002
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 58 year old female who sustained an industrial injury on 09/19/2002. Current diagnosis includes chronic pain syndrome. Previous treatments included medication management and disectomy. Report dated 01/28/2015 noted that the injured worker presented with complaints that included neck, shoulder, and arm pain with numbness and tingling from her neck to the shoulder and distal arm. Physical examination was positive for abnormal findings. Utilization review performed on 02/12/2015 non-certified a prescription for trigger point injection with betamethasone acetate and betamethasone sodium ph., based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injection with betamethasone acetate 3mg and betamethasone sodium ph:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The patient presents with neck, shoulder, and arm pain with numbness and tingling from her neck down to the shoulder and distal arm. The request is for retrospective TRIGGER POINT INJECTION WITH BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PH. The RFA is not provided. Patient's diagnosis included cervical radiculopathy and chronic pain syndrome. Patient is reportedly unemployed and disabled. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Frequency should not be at an interval less than two months." MTUS guidelines indicate that radiculopathy must NOT be present in order for trigger point injections to be considered medically appropriate. In this case, patient displays neck, shoulder, and arm pain with numbness and tingling from her neck down to the shoulder and distal arm. Patient is noted to have been diagnosed with cervical radiculopathy. Furthermore, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. This patient does not meet the criteria for trigger point injections. This request IS NOT medically necessary.