

Case Number:	CM15-0031607		
Date Assigned:	02/24/2015	Date of Injury:	02/20/2008
Decision Date:	04/10/2015	UR Denial Date:	01/31/2015
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 54 year old male who sustained an industrial injury on 02/20/2008. Diagnoses include left trapezius strain, chronic pain, and chronic neck pain and right trapezius strain. Treatment to date has included medications, and previous recent, trigger point injections to the neck with pain relief lasting a few weeks. A physician progress note dated 01/22/2015 documents the injured worker feels better for a few weeks with the trigger point injections. Headaches are diminished, his range of motion in his neck is improved, and he is sleeping better and taking less pain medications. His active range of motion of his neck is improved and there is less tenderness in the occipital area. Treatment requested is for Set of 3 Trigger Point Injection to cervical spine. On 01/31/2015 Utilization Review non-certified the request for Set of 3 Trigger Point Injection to cervical spine and cited was California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Set of 3 Trigger Point Injection to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: According to the 01/22/2015 report, this patient presents with neck pain and headaches. The current request is for Set of 3 Trigger Point Injection to cervical spine. The request for authorization is on 01/23/2015. The patient's work status is permanent work restrictions. The medical reports provided for review indicate the patient had trigger point injection on 12/15/2014 which he feels better for a few weeks. Regarding repeat trigger point injections, MTUS guidelines page 122 state: No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, there was no documentation of pain relief greater than 50% lasting for six weeks after the injection on 12/15/2014. Also, examination does not show trigger points with taut band and referred pain pattern as required by the MTUS guidelines. Therefore, the request IS NOT medically necessary.