

Case Number:	CM15-0040018		
Date Assigned:	03/10/2015	Date of Injury:	10/18/2011
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: Georgia, California, Texas

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 57-year-old female, who sustained an industrial injury on October 18, 2011. He reported right shoulder pain, lumbar pain, cervical pain and right wrist pain. The injured worker was diagnosed as having gastritis, brachial neuritis, lumbosacral neuritis and other affections of shoulder region, not elsewhere classified. Treatment to date has included radiographic imaging, diagnostic studies, pain medications and work restrictions. Currently, the injured worker complains of pain in the neck, back, low back, right arm, right shoulder and bilateral lower extremities. The injured worker reported an industrial injury in 2011, resulting in chronic pain as previously noted. It was noted in the documentation provided that the pain was sever at times and interfered with activities of daily living. She required pain medications to maintain function. Evaluation on December 19, 2014, revealed continued pain. Medications and a trigger point injection were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to Traps for Brachial Neuritis, Lumbosacral Neuritis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122 of 127.

Decision rationale: No previous trigger point injections (TPIs) are documented in this case. MTUS criteria for initial TPIs include: "(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session." Evidence of circumscribed trigger points with positive twitch response and referred pain is not documented. Previous electrodiagnostic studies were abnormal. Number of proposed TPIs was not specified in request. Due to lack of compliance with MTUS criteria, medical necessity is not established for the requested TPIs. Therefore, the treatment is not medically necessary.