

Case Number:	CM15-0043332		
Date Assigned:	03/13/2015	Date of Injury:	02/08/2013
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female sustained a work related injury on 02/08/2013. On 01/13/2015, the injured worker underwent L4-5 transforaminal epidural steroid injection under fluoroscopy and L5-S1 transforaminal epidural steroid injection under fluoroscopy. Postoperative diagnoses included bilateral lower extremity radiculitis worse on the left, left S1 joint dysfunction and lumbosacral strain. According to a progress report dated 02/04/2015, the injured worker stated that she had been feeling better with no back pain since the injection. Medication regimen included Relafen, Ambien, Axid, Voltaren as needed and Tylenol #3. Assessment was noted as left neck MFPS (myofascial pain syndrome) and left lower extremity radiculitis; improved. Diagnoses included spasm of muscle, sprain/strain of neck, other gastritis and other disorders of esophagus. The injured worker underwent trigger point injections to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left neck TPI block: 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.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for left lower extremity radiculitis and left cervical myofascial pain. When seen on the date of service, physical examination findings consisted of vital sighs. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary.