MAXIMUS Federal Services

Case Number:	CM15-0048400		
Date Assigned:	03/20/2015	Date of Injury:	06/02/2008
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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:

The injured worker is a 47 year old female, who sustained an industrial injury on June 2, 2008. The injured worker was diagnosed as having chronic cervical strain, cervicobrachial syndrome, upper extremity neuritis, shoulder pain, chronic lumbar strain and radiculopathy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), electromyogram and nerve conduction study, medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A progress note dated February 26, 2015 the injured worker complains of Neck pain rated 6/10 with medication and low back ache rated 4.5/10. The plan includes medication, continued Transcutaneous Electrical Nerve Stimulation (TENS) unit therapy and trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the right trapezius quantity: 1.00: 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, 122 Page(s): 122.

Decision rationale: The claimant sustained a work-related injury in June 2008 and continues to be treated for chronic neck and back pain. When seen, a repeat trigger point injection for the treatment of myofascial spasms was requested. A prior trigger point injection is referenced as providing good relief. 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. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the claimant's response to a previous trigger point injection is not documented. Therefore, the requested trigger point injection is not medically necessary.