

Case Number:	CM15-0048471		
Date Assigned:	03/20/2015	Date of Injury:	09/17/2010
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 was a 58 year old male, who sustained an industrial injury, September 17, 2010. The injured worker previously received the following treatments epidural injections and trigger point injections, Xanax, Tramadol and Naproxen. The injured worker was diagnosed with right C6, C7 radiculopathy, right S1 radiculopathy, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, status post right carpal tunnel release with right ulnar nerve and right elbow surgery. According to progress note of January 12, 2015, the injured workers chief complaint was the upper and lower back. The epidural injections and previous trigger point injections have given a 50% improvement of symptoms lasting longer than 3 Months. The injured workers is currently utilizing medications and had reported improvement in pain and functional improvement by 70-80%. The injured worker stated the pain level with pain medications was 2-3 out of 10 and without pain medication was 8-10 out of 10; 0 being o pain and 10 being the worse pain. The treatment plan included 4 retroactive trigger point injection to the thoracic muscles given on January 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injections to the thoracic muscles - Qty. 4 for DOS 1/22/2015:
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 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. Trigger point injections can be utilized when there is documentation of palpable tender taut bands despite PT and home exercise program. The records indicate that the patient was diagnosed with discogenic pain, myofascial pain syndrome and radiculopathy. There was no documentation of persistent palpable tender taut bands of the thoracic paraspinal muscles. The patient reported greater percentage of pain relief and functional restoration with utilization of medications management than with previous trigger points injections completed in 2014. The criteria for Trigger Points Injections quantity 4 Thoracic Spine DOS 1/22/2015 was not met. The request IS NOT medically necessary.