

Case Number:	CM15-0061912		
Date Assigned:	04/07/2015	Date of Injury:	03/17/2013
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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 49 year old male, who sustained an industrial injury on 03/17/2013. The injured worker is currently diagnosed as having cervical degenerative disc disease, cervical spine dysfunction, cervical spine myofascial pain, cervical spine radiculopathy, and cervical spine herniated nucleus pulposus/bulge. Treatment to date has included surgery, epidural injection, and medications. In a progress note dated 03/04/2015, the injured worker presented with complaints of severe pain in his neck. The treating physician reported requesting authorization for myofascial trigger point injections using conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical myofascial trigger point injections x 6 under conscious sedation in ambulatory surgery cent: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Statement on Anesthetic Care during Interventional Pain Procedures for

Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic neck pain. When seen, physical examination findings included multiple trigger points with twitch response and referred pain. The claimant has a severe anxiety reaction despite pretreatment with valium after a previous attempted procedure. 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 documented and therefore a trigger point injection was medically necessary. In terms of the requested sedation, the claimant has a history of anxiety attack and had been unable to undergo the procedure. Therefore, the requested conscious sedation is also medically necessary.