

Case Number:	CM15-0082312		
Date Assigned:	05/07/2015	Date of Injury:	02/08/1995
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 54-year-old female who sustained an industrial injury on 02/08/1995. She reported neck pain. The injured worker was diagnosed as having lumbar degenerative disc disease, chronic pain secondary to work injury, complex regional pain syndrome, and major depressive disorder. Treatment to date has included oral pain medications including many, which were not well tolerated, and OxyContin and Vicodin, which have been well tolerated but not adequate for pain relief. Currently the worker takes Tizanide 4 mg twice daily for spasm and Sonata 10 mg at bedtime for sleeplessness related to pain. She had been taking Ketamine in a PLO topical gel twice daily which she no longer has available. Currently, the injured worker complains primarily of neck pain. She has a history of a C4-5 and C5-6 fusion post injury and daily headaches until 2008. Currently her pain is moderate in intensity and is described as stabbing, cramping, and aching. Her pain at its worst is rated a 5/10, least a 3/10, average a 4/10, and initially a 5/10. She describes the duration of her pain as constant and made worse by sitting, standing, looking up, looking down, and holding prolonged positions. She experiences weakness in the left upper extremity by history. She complains of depression, anxiety, sleep disturbance, loss of motivation and anhedonia. She has muscle pain, joint pain, muscle spasms, and loss of range of motion. Her neurologic symptoms include weakness and frequent headache. On physical exam, the spinal exam shows loss of curvature to the C spine. There were many trigger points to scapula and trapezius and cervical paraspinals, mostly concentrated to left medial scalp border and trapezius. Treatment plan is to continue Tizanide, do trigger point injections times 8, and give emotional support. Request for authorization was

made for the trigger point injections. On 04/13/2015 the Utilization Review agency non-certified the trigger point injections x 8 citing CA- MTUS Chronic Pain: Trigger Point Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 8: Upheld

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 injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible neurological weakness symptoms and diagnosis, which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injections x 8 is not medically necessary and appropriate.