

Case Number:	CM15-0088872		
Date Assigned:	05/13/2015	Date of Injury:	08/23/2010
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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:

This 58 year old male sustained an industrial injury to the neck via cumulative trauma from 6/25/08 to 8/23/10. Previous treatment included magnetic resonance imaging, psychiatric care, trigger point injections and medications. In a supplemental report dated 2/17/15, the injured worker complained of increasing neck pain associated with spasm and tightness around the neck. The injured worker reported that previous trigger point injections provided 70% improvement with increased function for three weeks. Physical exam was remarkable for multiple trigger points in the cervical region with positive twitch sign on palpation, lumbar spine with tenderness to palpation and decreased sensation in the left C5-6 distribution. Current diagnoses included status post L3-5 laminectomy and L4-5 fusion, history of major depressive disorder, secondary male erectile disorder, gastritis, cervical spine spondylosis, cervical spine radiculopathy and large L3 hemangioma. The injured worker received trigger point injections during the office visit for exacerbation of neck pain. The treatment plan included continuing medications (Ultram, Neurontin, Ambien, Protonix and Celebrex) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tendon Sheath Trigger Point Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Although the submitted reports have noted circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, there are no functional benefit from multiple previous injections in terms of specific decreased medication profile and medical utilization along with increased functional status. 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 radicular signs with findings of decreased sensation for diagnosis of cervical radiculopathy 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 Retrospective Tendon Sheath Trigger Point Injection is not medically necessary and appropriate.