

Case Number:	CM15-0089442		
Date Assigned:	05/13/2015	Date of Injury:	12/20/2010
Decision Date:	06/15/2015	UR Denial Date:	04/10/2015
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, 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 46 year old female, who sustained an industrial injury on 12/20/10. The injured worker has complaints of neck pain. The documentation noted that the injured worker has pain during flexion and extension and is having moderate muscle spasm. The diagnoses have included degeneration cervical IV disc; disturbance skin sensation and cervical myofascial pain syndrome. Treatment to date has included magnetic resonance imaging (MRI) right shoulder on 9/24/12 showed acromioclavicular joint, mild osteoarthritis type 11 acromion; Neurontin; ibuprofen; home stretches and exercises for her neck; electromyography/nerve conduction study on August 2011 demonstrated moderate right carpal tunnel syndrome and a mild left carpal tunnel syndrome and right carpal tunnel release surgery. The documentation noted that the injured worker is scheduled for an electromyography/nerve conduction study on 4/24/15. The request was for trigger point injections to bilateral cervical area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to bilateral cervical area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination, including a twitch response as well as referred pain upon palpation. Furthermore, they are not supported in the presence of radiculopathy. Within the documentation available for review, there are no physical examination findings consistent with trigger points including a twitch response as well as referred pain upon palpation that have failed conservative treatment for 3 months. Furthermore, the patient has symptoms and findings suspicious for radiculopathy. In the absence of clarity regarding the above issues, the requested trigger point injections are not medically necessary.