

Case Number:	CM15-0240243		
Date Assigned:	12/17/2015	Date of Injury:	09/20/2013
Decision Date:	01/21/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 36 year old female, who sustained an industrial-work injury on 9-20-13. A review of the medical records indicates that the injured worker is undergoing treatment for Treatment to date has included pain medication, physical therapy at least 6 sessions, yoga, home exercise program (HEP), Transcutaneous electrical nerve stimulation (TENS) 1-2 X a week, ice and hot tub for therapy. Medical records dated 7-29-15 indicate that the injured worker complains of neck pain. She reports that the neck pain has been stable but exacerbated with turning head, bending and repetitive motion. Per the treating physician report dated 7-29-15 the injured worker has returned to work. The physical exam dated 7-29-15 reveals that the cervical range of motion is 50 degrees of normal. There is positive Spurling sign on the left with pain that radiates to the deltoid region. There is mild palpable muscle spasm in the trapezius and cervical paraspinal muscles. The deep tendon reflexes are 3+ in the biceps. The physician indicates that the injured worker is stable and doing well on current treatment. He indicates that there has been no response on request for trigger point injections submitted over 3 months ago. Plan is to continue with transcutaneous electrical nerve stimulation (TENS) and icing and again request physical therapy and trigger point injection for cervical spine. The requested service included cervical trigger point injection. The medical records do not indicate any other active and aggressive conservative treatment or failure of conservative treatment. The original Utilization review dated 11-24-15 non-certified the request for the Cervical trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Cervical trigger point injection is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy should not be present (by exam, imaging, or neuro-testing). The documentation indicates physical exam findings of cervical radiculopathy. The request for a cervical trigger point is not medically necessary.