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| Case Number: | CM13-0038964 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/31/2003 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 42 year-old female with a 1/31/2003 industrial injury claim. She has been diagnosed with: chronic pain syndrome; cervical root lesion; and migraine with aura, with intractable migraine, so stated, without mention of status migrainosus. The IMR application shows a dispute with the 9/17/13 UR decision. The 9/17/13 UR decision is by [REDACTED] and was based on the 1/21/13, 5/30/13 and 8/16/13 medical reports from [REDACTED], and recommends non-certification for paracervical occipital trigger point injections, 8-12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient paracervical occipital trigger point injections 8-12: 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 injections Page(s): 122.

Decision rationale: MTUS has criteria for trigger point injections including: "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" The medical reports from [REDACTED] from 1/21/13 through 10/2/13 do not

mention a twitch response or referred pain. MTUS states: "Radiculopathy is not present (by exam, imaging, or neuro-testing)" The medical reports show a diagnosis of cervical radiculopathy. MTUS states: "Not more than 3-4 injections per session;" The request before me is for 8-12 injections. MTUS states: "No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement;" There was no mention of functional improvement. The available medical reports do not show that trigger point injections are in accordance with MTUS guidelines.