

Case Number:	CM14-0129656		
Date Assigned:	08/20/2014	Date of Injury:	09/30/2012
Decision Date:	10/20/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert 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 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/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:

The patient is a 54 year old female with date of injury 9/30/12. The treating physician's hand written report dated 7/8/14 indicates that the patient presents with pain affecting the neck with feelings of sleepiness. The physical examination findings reveal pupils that reactive to light and left cervical Hp. The current diagnoses are: 1. Chronic pain; 2. Chronic cervical myofascitis; 3. Fibromyalgia. The utilization review report dated 7/25/14 denied the request for cervical trigger point injections with depomedrol based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Trigger Point Injections w/ Depomedrol: 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 for trigger point injections Page(s): 122.

Decision rationale: The patient presents with chronic pain affecting the cervical spine. The current request is for Cervical Trigger Point Injections w/ Depomedrol. The treating physician reports dated 7/8/14, 6/17/14 and 6/5/14 all state that cervical trigger point injections are needed.

In the 6/5/14 report there is a circle around a typed area of the report that states, "ttp of trapezius, ttp of cervical PV muscles." The MTUS Guidelines state, "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case the treating physician has not documented any twitch response or referred pain upon palpation and there is no documentation of failed medical management therapies (Physical medicine, NSAIDS and muscle relaxants). The MTUS criteria for trigger point injections states that all criteria must be met. Therefore, the request is not medically necessary.