

Case Number:	CM14-0137159		
Date Assigned:	09/05/2014	Date of Injury:	02/17/2013
Decision Date:	10/28/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine 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 injured worker is a 38-year-old female who reported an injury on 02/21/2013. The mechanism of injury was not stated. The current diagnoses include acute neck pain, multilevel disc protrusion in the cervical spine, discogenic neck pain, and cervicogenic headache. The injured worker was evaluated on 07/14/2014. Previous conservative treatment is noted to include physical therapy, medications, acupuncture, and home exercise. The injured worker presented with complaints of persistent cervical spine pain. It is also noted that the injured worker was pending authorization for a cervical epidural steroid injection. Physical examination revealed trigger points in the trapezius, restricted cervical range of motion, tenderness and tightness, trigger points in the rhomboids, trigger points in the supraspinatus/infraspinatus, normal motor strength, and intact sensation. Treatment recommendations at that time included authorization for trigger point injections and occipital nerve injections. A Request for Authorization form was then submitted on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Spine 20553, 96372: 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 Page(s): 122..

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. Therefore, the injured worker does not meet criteria for the requested procedure. There is also no specific body part listed in the current request. As such, the request is not medically appropriate.