

Case Number:	CM14-0139019		
Date Assigned:	09/05/2014	Date of Injury:	09/18/2013
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of September 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; two epidural steroid injections, per the claims administrator; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for trigger point injection therapy. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 15, 2014, the applicant was again placed off of work, on total temporary disability. Persistent complaints of neck pain were noted, reportedly severe. It was stated that the applicant was having issues with weakness, numbness, and tingling about the hands. The note was extremely difficult to follow. Left upper extremity weakness was apparently appreciated on exam with decreased sensorium about the bilateral hands, left greater than right. A pain management consultation, Neurontin, and Norco were apparently endorsed. The applicant was kept off of work. Trigger point injections were sought.

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 ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Guidelines, trigger point injections are "not recommended" for radicular pain, as is present here. The applicant has ongoing complaints of neck pain radiating to the arm, paraesthesias about the arms, weakness about the left arm, etc. The applicant had received two earlier cervical epidural injections. All of the above, taken together, suggests that cervical radiculopathy is, in fact, the operating diagnosis here. Trigger point injections are not indicated in the treatment of the same. Therefore, the request is not medically necessary.