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| Case Number: | CM14-0145770 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 01/16/2000 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 50-year-old female who reported an injury on 01/16/2000. The mechanism of injury was a motor vehicle accident. Diagnoses included muscle spasms, myalgia and myositis, pain in joint involving shoulder region, failed back surgery syndrome, cervical spondylosis without myelopathy, chronic pain due to trauma, radiculopathy of the lumbar region, and cervical radiculitis. Past treatments included trigger point injections, physical therapy, home exercise program, and medications. Diagnostic studies included an unofficial NCV/EMG of both upper extremities in 2003 that was within normal limits. MRIs of the right shoulder and neck were completed on 06/05/2013 but results were not provided. Surgical history included lumbar fusion, cervical spine fusion, and a right shoulder surgery. The clinical note dated 08/27/2014 indicated the injured worker complained of neck pain and back pain radiating to the left lower extremity. The physical exam revealed tenderness to palpation in the right upper trapezius and cervical area with active trigger points in the shoulder girdle and head. Current medications included MS-Contin 15 mg, Percocet 10/325 mg, Lyrica 100 mg, and Lexapro 20 mg. The treatment plan included trigger point injections. The rationale for the request was pain relief. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Criteria for the use of Trigger Point In.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Trigger point injections, Page(s): 122.

Decision rationale: The request for trigger point injections is not medically necessary. The California MTUS Guidelines indicate that the criteria for the repeat trigger point injections includes documentation showing that greater than 50% pain relief was obtained for 6 weeks after previous injection and there is documented evidence of functional improvement; and frequency should be at an interval less than 2 months. There is a lack of clinical documentation to indicate the efficacy of previous trigger point injections, including greater than 50% pain relief for at least 6 to 8 weeks with documented evidence of functional improvement. Additionally, the documentation does not indicate the specific location or quantity of trigger point injections. Therefore, the request for trigger point injections is not medically necessary.