

Case Number:	CM14-0165323		
Date Assigned:	10/10/2014	Date of Injury:	01/01/1988
Decision Date:	11/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 63 year old female with date of injury of 1/1/1988. Reviews of the medical records indicate that the injured worker is undergoing treatment for intervertebral disc disease of the cervical spine, cervicalgia, right shoulder pain, and bilateral wrist pain. Subjective complaints include continued shooting pain in her neck radiating to her upper extremities bilaterally. Objective findings include reduced range of motion of the cervical spine with tenderness upon palpation of the paraspinals; electrodiagnostic study showing bilateral carpal tunnel syndrome. Treatment has included 4 previous trigger point injections, Tramadol, Celebrex, Ambien, Skelaxin, and Lidoderm. The utilization review dated 10/2/2014 non-certified two trigger point injections of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections for the Cervical Spine: 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 states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective." Subjective complaints of radiculopathy are present. The medical documentation does not show a greater than 50% pain relief obtained for the prior 4 sets of injections, the last of which was in September 2014. Furthermore, there is no mention of the functional improvement from the previous injections. Therefore, the request for Trigger Point Injections for the Cervical Spine is not medically necessary.