

Case Number:	CM14-0166085		
Date Assigned:	10/13/2014	Date of Injury:	06/05/1998
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 60 year old female presenting with neck pain following a work related injury on 06/05/1998. On 09/02/2014, the claimant complained of neck and upper extremity pain. The pain is associated with headache and intermittent tingling in the shoulder and left hand. The neck pain is rated a 10/10. The claimant had aqua therapy but stopped after 3-4 session due to unsanitary conditions. The physical exam revealed spinous process tenderness of C3, C4, C5, C6 and C7, increased pain with range of motion, tenderness, hypertonicity and palpable tight muscle bands left greater than right. X-ray of the cervical spine showed degenerative changes. The claimant was diagnosed with cervicobrachial syndrome (diffuse) - pain in thoracic spine, neck sprain, major depressive affective disorder, recurrent episode, other pain disorders related to psychological factors -cervicalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injections x 10, cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 84.

Decision rationale: Retrospective request for trigger point injections x 10, cervical spine is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the neck where the injection is to be performed; therefore the requested service is not medically necessary.