

Case Number:	CM14-0171957		
Date Assigned:	10/23/2014	Date of Injury:	04/27/2011
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 59 year old male who was injured at work on 04/27/2011. The injured worker is reported to be complaining of 7/10 achy and burning neck pain that spreads to the base of the head and the scapulae. The pain worsens with standing and walking, but improves by 40% with use of medications and other forms of treatment. The physical examination revealed limited range of motion of the neck, palpable tenderness in the cervical region with trigger points; twitching and spasms of the trapezius and levator scapular muscles; as well as severe pain with facet loading maneuvers. The worker has been diagnosed of Cervicalgia, post laminectomy syndrome cervical region. Treatments have included physical therapy, heat, Percocet, Gabapentin, voltaren Gel. Trigger point injection on bilateral cervical paraspinal muscles on 07/09/2014 provided three weeks of relief from muscle spasms, also received bilateral cervical paraspinal muscles and trapezius muscles on 08/06/2014. At dispute is the request for Trigger Point injections to bilateral cervical paraspinal muscles x2 and to bilateral trapezius x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injections to bilateral cervical paraspinal muscles x2 and to bilateral trapezius x2: 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 injections Page(s): 122.

Decision rationale: The injured worker sustained a work related injury on 04/27/2011 . The medical records provided indicate the diagnosis of Cervicalgia, post laminectomy syndrome cervical region. Treatments have included physical therapy, heat, Percocet, Gabapentin, voltaren Gel. Trigger point injection on bilateral cervical paraspinal muscles on 07/09/2014 provided three weeks of relief from muscle spasms, also received bilateral cervical paraspinal muscles and trapezius muscles on 08/06/2014The medical records provided for review do not indicate a medical necessity for Trigger Point injections to bilateral cervical paraspinal muscles x2 and to bilateral trapezius x2: . The MTUS does not recommend repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Also, the MTUS does not recommended repeat injection within two months of a previous injection. The records revealed the injured worker received trigger point injections in July and August 2014, but the injured worker did not attain the recommended 50% pain relief.