

Case Number:	CM14-0072839		
Date Assigned:	07/16/2014	Date of Injury:	08/21/2012
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 35-year-old individual was reportedly injured on August 21, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 18, 2014, indicated that there were ongoing complaints of headaches, neck pain, muscle spasms, and lower lumbar pain. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation at the posterior cervical spine and some muscle spasm. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications and conservative interventions. A request had been made for trigger point injections and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: As outlined in the MTUS, these injections are only for myofascial pain syndrome with the notation of a limited lasting value. These are not recommended for radicular pain. The diagnosis list includes lumbar radiculopathy. Furthermore, there is a disc protrusion objectified at L5-S1. As such, based on the clinical assessment by the treating provider and by the MTUS, there is no medical necessity for such an injection.