

Case Number:	CM14-0092376		
Date Assigned:	07/25/2014	Date of Injury:	09/12/2013
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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 and 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 34-year-old male was reportedly injured on September 12, 2013. The most recent progress note dated July 2, 2014, indicates that there are ongoing complaints of neck pain with radiation into the bilateral shoulders and lumbar spine. The pain is rated 9/10 score on visual analog scales (VAS) the lumbar spine and 7/10 in the neck. The physical examination demonstrated tenderness to palpation, decreased range of motion, and some muscle spasms in the lower lumbar region. Diagnostic imaging studies were not reported in this narrative. Previous treatment includes multiple medications, physical therapy, and other pain management interventions. A request was made for trigger point injections and was considered not medically necessary in the preauthorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections x 4 to the Lumbar Paraspinous Muscles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 OF 127.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), there is a recommendation for myofascial pain syndrome treatment however; there is only limited lasting value. These types of injections are not recommended for radicular pain. Therefore, when noting the guidelines identified in the MTUS tempered by the physical examination findings there is insufficient clinical data presented to support this request. This request is not medically necessary.