

Case Number:	CM15-0007120		
Date Assigned:	01/26/2015	Date of Injury:	08/01/2005
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 50 year old female, who sustained an industrial injury, on August 1, 2005. The injured worker's chief complaint was recurrent neck pain with bilateral arm pain and in addition to headache. The injured worker was diagnosed with failed anterior C5-6-7 fusion, chronic musculoskeletal pain with opiate pain management, neural tension signs radiating to the upper extremities from the neck, chronic pain, musculoskeletal myofascial tension in the upper thoracic region, multi-level degenerative disc disease, anxiety and depression. The injured worker had supportive treatment of anterior C5-6-7 fusion December 2006, physical therapy, home exercises, laboratory studies, pain medications, acupuncture and TENS (transcutaneous electrical nerve stimulator) unit. On December 31, 2014, the treating physician requested deep cervical fascia trigger point injections, 3 sessions using 4mg/1ml dexamethasone 60mg/2ml, Toradol and 7ml of 1% lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Cervical Fascia trigger point injection 3 sessions using 4mg/1ml Dexamethasone 60mg/2ml, Toradol and 7ml of 1% Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Deep Cervical Fascia trigger point injection 3 sessions using 4mg/1ml Dexamethasone 60mg/2ml, Toradol and 7ml of 1% lidocaine 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 benefits from this procedure is maximized when paired with a functional restoration program. 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 muscle where the injection is to be performed; Additionally, there is lack of documentation that the procedure will be paired with functional restoration program or physical therapy; therefore, the requested service is not medically necessary.