

Case Number:	CM15-0101221		
Date Assigned:	06/03/2015	Date of Injury:	01/01/1988
Decision Date:	07/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 64-year-old female, who sustained an industrial injury on 1/1/88. The injured worker was diagnosed as having chronic pain syndrome, depression secondary to chronic pain, chronic right shoulder pain, bilateral carpal tunnel syndrome, and left ulnar neuropathy across the elbow. Treatment to date has included trigger point injections, which was noted to have helped her tremendously keeping her off of stronger narcotic medication and keeping myofascial pain and spasms at a minimum. Other treatment included medication, multiple neck surgeries included a 4 level fusion with anterior and posterior instrumentation, right shoulder surgery in 1997, and bilateral carpal tunnel releases. Currently, the injured worker complains of knee and bilateral upper extremity pain. The treating physician requested authorization for 2 sessions for trigger point injections for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Sessions for Trigger Point Injections for the 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 x 8 C.C.R. 9792.20 - 9792.26 and Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain). Repeat injections are supported only if greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Within the documentation available for review, there are no physical examination findings consistent with trigger points as outlined above. Furthermore, while the provider does note significant pain relief from prior injections, this is not quantified and there is no associated evidence of functional improvement. In the absence of clarity regarding the above issues, the requested trigger point injections are not medically necessary.