

Case Number:	CM15-0010846		
Date Assigned:	01/28/2015	Date of Injury:	12/07/1995
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury reported on 12/7/1995. She has reported occipital pain and significant spasms and trigger points in the upper trapezius muscles, bilaterally, causing headaches. The diagnoses have included cervicalgia; trapezius muscle spasms, cervical disc disease with bilateral radiculopathy; complex regional pain syndrome, upper extremities; myalgia and disorders of the shoulder; myofascial syndrome; cervicogenic headaches; lumbago; and pentrochanteric bursitis. Treatments to date have included consultations; diagnostic laboratory, urine and imaging studies; trapezius and occipital nerves and trigger point injections; Toradol injection therapy; Boston Scientific spinal cord stimulator in the cervical spine; and medication management. The work status classification for this injured worker (IW) was noted to be permanently totally disabled and is not working. On 12/19/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/2/2014, for cervical triggers point injections. The Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines, chronic pain medical management, opioid, trigger point injections, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections - cervical: Upheld

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

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

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, it is not recommended for typical back pain or neck pain or radicular pain. The patient does not have documented failure from medical management therapies. She improved with medications and SCS. There was no objective documentation of improvement in pain and functional capacity after her previous trigger point injections. The patient also had no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the request is considered not medically necessary.