

Case Number:	CM15-0015392		
Date Assigned:	02/03/2015	Date of Injury:	10/27/2011
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
 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 33 year old female who sustained an industrial injury on 10/27/11. She reports shoulder and neck pain, lumbar radiculopathy, pain radiating to the left shoulder and spasm. Diagnoses include shoulder pain, lumbar radiculopathy, spasm, neck pain and pain radiating to the left shoulder. Treatments to date include medications and trigger point injections. In a progress note dated 12/31/14 the treating provider reports decreased sensation to pinprick in the C6-7 distribution right side. On the same date of service, the injured worker received a trigger point injection under ultrasound guidance. On 01/09/15 Utilization Review non-certified Depomedrol, Lidocaine and Marcaine, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

20mg Depo-Medrol: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 1745-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant already had a recent trigger point injection in October 2014 supporting the guidelines that the pain relief is short-term. The request therefore is not medically necessary for a cervical trigger point injection with the use of DepoMedrol is not medically necessary.

1% Lidocaine and 0.25% Marcaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant already had a recent trigger point injection in October 2014 supporting the guidelines that the pain relief is short-term. The request for a lumbar trigger point injection with the use of Lidocaine is not medically necessary.