

Case Number:	CM15-0015927		
Date Assigned:	02/03/2015	Date of Injury:	12/26/2003
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
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: Texas, Florida

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 is a 55 year old female who sustained a work related injury December 26, 2003. The diagnoses listed are status post C5-C6 cervical fusion, lumbar strain, personality disorder, anxiety, depression, right shoulder, right knee and neck pain. The past surgery history is significant for C5-C6 fusion in 2010, right shoulder and right knee surgeries. According to a secondary treating physician's progress report dated December 1, 2014, the injured worker presented with complaints of progressive limited range of motion to the neck and arms associated with severe muscle spasms. There is tingling and numbness in the cervical region as well as weakness to bilateral arms that is progressing while carrying objects, writing or grasping. She continues to experience frequent moderate to severe headaches with blurry vision but does achieve relief with medication. There were objective findings of decreased range of motion of the cervical spine and cervical trigger points. Treatment plan included requests for cervical epidural steroid injection, bilateral trigger point injection in cervical spine, acupuncture, physical therapy and compounded creams. The last last cervical trigger points injections and epidural steroid injections did not result in sustained significant pain relief. According to utilization review dated January 7, 2015, the request for Bilateral Trigger Point Injection to Cervical Spine is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral trigger point injections to the cervical spine (unknown levels): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 49, 122.

Decision rationale: The CA MTUS recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The guidelines recommend that pain injections can be repeated if there is documentation of sustained reduction in pain, functional restoration and decrease in medication utilization following a prior injection procedure. The records indicate that the patient had completed several cervical trigger points and cervical epidural procedures without sustained significant beneficial effects. The last trigger points injections was done September 2014. There are pending request for PT and acupuncture treatments. The presence of significant psychosomatic disorders is associated with decreased efficacy of interventional pain procedures. The criteria for bilateral trigger points injections to the cervical spine was not met.