MAXIMUS Federal Services

Case Number:	CM15-0018872		
Date Assigned:	02/06/2015	Date of Injury:	02/17/2012
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male injured worker with a date of injury of 02/17/2012 (date of birth not provided). The mechanism of injury was not stated. The current diagnoses include myofascial pain syndrome, cervical sprain, lumbar sprain, and status post right knee surgery. The injured worker presented on 11/19/2014 for a followup evaluation. Upon examination, there was a scar to the right knee, positive cervical spine paraspinal trigger points, diminished range of motion of the cervical spine in all planes, negative Spurling's maneuver, and negative straight leg raise. Recommendations included continuation of the current medication regimen of omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg, Voltaren XR 100 mg, and Menthoderm gel. The injured worker was also given 4 trigger point injections and a urine drug screen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections, Bilateral Trapezius, Rhomboid, Paracervical Muscles: 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 Page(s): 122.

Decision rationale: California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome. No repeat injections are recommended unless there has been a greater than 50% pain relief for 6 weeks with documented evidence of functional improvement. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. In this case, it was noted that the injured worker had been previously treated with 4 trigger point injections in 10/2014. There was no documentation of objective functional improvement. Additionally, there was no evidence of circumscribed trigger points with evidence of a twitch response and referred pain upon examination. Given the above, the request is not medically appropriate.

5 cc 1% Lidocaine Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ultrasound Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.