

Case Number:	CM15-0111762		
Date Assigned:	06/18/2015	Date of Injury:	04/10/1998
Decision Date:	07/20/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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 59 year old female, who sustained an industrial injury on April 10, 1998. The mechanism of injury was not provided. The injured worker has been treated for neck, back and left shoulder complaints. The diagnoses have included lumbar degenerative disc disease, lumbar spinal stenosis, impingement syndrome, chronic neck pain and chronic low back pain. Documented treatment to date has included medications, radiological studies, left shoulder surgery and a cervical fusion. Current documentation dated May 15, 2015 notes that the injured worker reported increasing left neck pain with radiation to the left shoulder. The injured worker also noted increasing low back pain with radicular symptoms to the left lower extremity. Examination of the cervical spine revealed tenderness to palpation and spasms of the left side and paraspinal musculature. Range of motion was painful and guarded. Motor examination of the upper extremities revealed weakness in the left shoulder. Examination of the lumbar spine revealed mild tenderness to palpation bilaterally. A straight leg raise test was negative. The treating physician's plan of care included a request for an outpatient trigger point injection of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection of the cervical spine: 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 Trigger Point Injection Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

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. The CPMTG provides this definition: "A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." Within the documentation available for review, there are no physical examination findings consistent with trigger points of the cervical area, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.