

Case Number:	CM15-0114466		
Date Assigned:	06/22/2015	Date of Injury:	12/16/2010
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

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 45 year old male who sustained an industrial injury on 12/16/10. Initial complaints and diagnoses are not available. Treatments to date include medications, trigger point injections, psychological counseling, aqua therapy and acupuncture. Diagnostic studies are not addressed. Current complaints include neck, low and mid back pain. Current diagnoses include cervical and lumbar degenerative disease, thoracic discogenic syndrome, gastritis, poor coping, and myofascial pain. In a progress note dated 05/21/15 the treating provider reports the plan of care as medications including cyclobenzaprine, tramadol, omeprazole and LidoPro cream, trigger point injections on the day of service, a pain management evaluation for a Functional Restoration Program, additional aqua therapy, a lumbar epidural steroid injection, TENS unit, and acupuncture. The requested treatments include trigger point injections to the cervical spine in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return to Clinic in 4 Weeks for Follow-Up TPI Injection for Cervical Spine: Upheld

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

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

Decision rationale: The claimant sustained a work injury in December 2010 and continues to be treated for neck, mid back, and radiating low back pain. When seen, there was decreased lumbar spine range of motion with pain and guarding. There was tenderness with paraspinal muscle spasms. He was noted to ambulate with a cane. A trigger point injection was performed and authorization for another trigger point injection at follow-up was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and the trigger point injection performed was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A planned trigger point injection in four weeks at follow-up would therefore also not be considered medically necessary.