

Case Number:	CM15-0117367		
Date Assigned:	06/25/2015	Date of Injury:	01/28/2011
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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, Hawaii

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:

The injured worker is a 52 year old female who sustained an industrial injury on 01/28/11. Initial complaints and diagnoses are not addressed. Treatments to date include medications, 2 left shoulder surgeries, lumbar epidural steroid injections, and cognitive behavioral therapy. Diagnostic studies include electrodiagnostic studies of the upper and lower extremities, x-rays, and a CT scan of the cervical spine. Current complaints include neck, left shoulder, back, and hip pain, as well as migraine headaches and nausea and vomiting. Current diagnoses include cervical myofascial pain syndrome, left shoulder conditions, persistent nausea and vomiting, migraine headaches, chronic lumbar pain, lumbar radiculopathy, and left hip myofascial pain syndrome. In a progress note/request for authorization dated 06/16/15 the treating provider reports the plan of care as neck and shoulder trigger point injections into the shoulder and neck muscles. The requested treatments include neck and shoulder trigger point injections into the shoulder and neck muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection into left lumbar muscles (over 18-24 weeks) (sessions) Qty: 3:

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 patient presents with pain affecting the neck, left shoulder, back, and hip. The current request is for Trigger point injections into left lumbar muscles (over 18-24 weeks) (sessions) Qty: 3. The treating physician report dated 6/3/15 (502C) states, "Left L4-L5 radiculopathy" as a diagnosis. The report goes on to state, "Straight leg raising provoked paresthesias radiating to the right lower extremity." The MTUS guidelines state the following regarding trigger point injections: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." The guidelines go on to state specific criteria for trigger point injections. The fourth criteria states, "Radiculopathy is not present." In this case, the patient presents with low back pain that radiates to the right lower extremity. The current request does not satisfy the MTUS guidelines as outlined on page 122 as trigger point injections are not recommended if radiculopathy is present. The current request is not medically necessary.