

Case Number:	CM15-0123576		
Date Assigned:	07/08/2015	Date of Injury:	02/05/1999
Decision Date:	08/12/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49 year old female with an industrial injury dated 02/05/1999. Her diagnosis was spinal stenosis (cervical). Prior treatment included trigger point injections, medications and diagnostics. She presented on 04/14/2015 with complaints of pain and spasm at the base of the neck. Physical exam noted active voluntary range of motion of the cervical spine was guarded. She had significant right paracervical trigger point. Motor examination was felt to be normal in all major muscle groups of the upper extremities. Sensory examination was normal to light touch. She had full range of motion of all major joints of the upper extremities. During the office visit the injured worker received a trigger point injection. The request is for retrospective; cervical trigger point injection (Marcaine .5%; Ketorolac; Dexamethasone) (dos 4/14/15.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; cervical trigger point injection (Marcaine .5%; Ketorolac; Dexamethasone) (dos 4/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant did receive benefit from the injection; however, oral opioids were still provided indicating need for additional pain control. Furthermore, the claimant had already received an unknown amount of injections in the past. The additional cervical trigger point injections for the dates in question was not medically necessary.