

Case Number:	CM15-0125213		
Date Assigned:	07/09/2015	Date of Injury:	10/16/2012
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This 49 year old female sustained an industrial injury on 10/16/12. She subsequently reported neck pain. Diagnoses include cervical disc degeneration. Treatments to date include modified work duty, injections and prescription pain medications. The injured worker continues to experience left sided neck pain with radiation to the left upper extremity. Upon examination, there were palpable taut bands in the area of pain, soft tissue dysfunction and spasm of the cervical paraspinal, trapezius and suprascapular region. There was cervical pain and spasming with trigger points located across the ridge of cervical paraspinous muscles inferiorly, trapezius and rhomboid bilaterally. A request for Cervical Trigger Point Injections with Ultrasound Guidance was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Trigger Point Injections with Ultrasound Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection.

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

Decision rationale: Regarding the request for repeat 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. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are examination findings consistent with trigger points, and prior trigger point injection yield at least 50% pain relief from February to May. This is greater than the 6 weeks requirement for repeat injection mentioned in the CPMTG. The issue here is whether ultrasound guidance should be utilized. It should be noted that the injection involves the muscles of the rhomboids, which overly the lungs. Ultrasound can be utilized as a guide to visualize the ribs and pleura, and to avoid pleural puncture. Therefore, the requested trigger point injections with ultrasound guidance are medically necessary.