

Case Number:	CM15-0126714		
Date Assigned:	07/13/2015	Date of Injury:	01/28/2011
Decision Date:	08/06/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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 52-year-old female with an industrial injury dated 01/28/2011. The injured worker's diagnoses include cervical myofascial pain syndrome with facetogenic pain generator with limited range of motion, left shoulder conditions related to injury and subsequent 2 surgeries, persistent nausea and vomiting related to chronic pain and vestibular aggravation of neck, migraine headaches, chronic lumbar pain with intervertebral disc dysfunction, left L4-L5 radiculopathy and left hip myofascial syndrome. Treatment consisted of diagnostic studies, prescribed medications, cane, cognitive behavioral therapy, and periodic follow up visits. In a progress note dated 06/16/2015, the injured worker presented with chronic pain. The injured worker complained of headaches, neck pain, stiffness and soreness. Objective findings revealed limited gait with weight bearing on left leg despite usage of cane, tenderness in the occipital and suboccipital muscles, severely tender left cervical facets, facet loading aggravated pain complaints, muscle spasms, and tenderness to palpitation with taught bands at myofascial trigger points with twitch responses. Lumbar spine exam revealed trigger points with hyperirritable foci, decrease lumbar range of motion and positive straight leg raises. The treating physician prescribed services for trigger point injection into the shoulder and neck muscles, Qty: 12.00 and VQ Orthocare thoracic lumbar sacral orthosis Qty: 1.00 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection into the shoulder and neck muscles, Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection 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 January 2011 and continues to be treated for headaches and neck pain. When seen, she was noted to ambulate with a cane. There was cervical spine tenderness. There were cervical and lumbar trigger points with which responses and referred pain. Straight leg raising on the right was positive. Authorization for a series of trigger point injections and for a spinal orthosis 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 documented. However, 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 series of planned trigger point injections is not medically necessary.

VQ Orthocare thoracic lumbar sacral orthosis Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a work injury in January 2011 and continues to be treated for headaches and neck pain. When seen, she was noted to ambulate with a cane. There was cervical spine tenderness. There were cervical and lumbar trigger points with which responses and referred pain. Straight leg raising on the right was positive. Authorization for a series of trigger point injections and for a spinal orthosis was requested. Guidelines recommend against the use of a spinal support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a spinal orthosis and the claimant has not undergone surgery. Spinal supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested spinal orthosis was not medically necessary.