

Case Number:	CM15-0129240		
Date Assigned:	07/16/2015	Date of Injury:	03/07/2011
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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 36-year-old female who sustained an industrial injury on 3/7/2011 resulting in neck and upper back pain and stiffness. She is diagnosed with cervicobrachial syndrome, myalgia, and myositis, and entrapment neuropathy of the upper limb. Treatment addressed in documentation has included trigger point injections and medication with temporary pain relief. The injured worker continues to present with back and neck pain. The treating physician's plan of care includes trigger point injection in the cervical paravertebral, left trapezius. As of December 2014, she is documented to have no work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection in the cervical paravertebral, left trapezius: Upheld

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

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

Decision rationale: The claimant sustained a work injury in March 2011 and continues to be treated for neck and back pain. When seen, prior trigger point injections are referenced as having provided good temporary benefit. There were cervical and trapezius muscle trigger points with twitch responses and radiating pain. In terms of a repeat trigger point injection, criteria 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. The claimant response to previous trigger point injections is not adequately documented and therefore the request is not medically necessary.