MAXIMUS Federal Services

Case Number:	CM15-0171061		
Date Assigned:	09/11/2015	Date of Injury:	09/12/2012
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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 46 year old female who sustained an industrial injury on September 12, 2102. The worker was employed as an instructional assistant for a school district. A pain management follow up visit dated June 22, 2015 reported chief subjective complaint of neck pain. She states having had trigger point injections administered on June 08, 2015 with a noted greater than 50% reduction in pain for about a week. She has also started a course of physical therapy. There is reported return of the left neck and upper shoulder pains along with spasms in the neck and upper shoulders that are extremely tender to palpation. There is reported stiffness and decreased range of motion of the neck. Current medication regimen consisted of: Ibuprofen, Robaxin, and Tylenol with Codeine, Flexeril, Diclofenac Sodium, Hydrocodone 10mg, and Tramadol. She is noted being allergic to Morphine. She was administered a trigger point injection without issue. The plan of care is with recommendation for continued trigger point injections totaling 4 at weekly intervals. She is to continue with Flexeril and prescribed Voltaren gel with consideration for a topical compound is no response to the Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, series of 2-4, to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant sustained a work injury in September 2012 and is being treated for neck and upper back pain after an anterior cervical decompression and fusion in December 2013. Trigger point injections were done on 05/07/15 and 06/08/15. When seen, there had been more than 50% improvement lasting for one week after the previous injection. Physical examination findings included decreased cervical spine range of motion with taut muscle bands and positive jump signs. There was facet tenderness. Trigger point injections were repeated. A series of 2-4 weekly injections is being requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a referred pain is not documented. 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 and in this case three trigger point injection procedures have been performed in less than two months. Lastly, a series of planned trigger point injections would not be considered appropriate. For any of these reasons the request is not medically necessary.