

Case Number:	CM15-0026347		
Date Assigned:	02/18/2015	Date of Injury:	06/12/2000
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on June 12, 2000. The diagnoses have included reflex sympathetic dystrophy of upper limb, fibromyositis, myofascial pain, pathologic fracture of cervical vertebra, cervical degenerative disc disease (DDD), cervical sprain/strain, brachial plexus lesions. A progress note dated January 29, 2015 provided the injured worker complains of chronic pain neck, shoulders and arms. Pain is rated 6/10 without medications. She uses ice, heat, gentle stretching and exercises. On February 4, 2015 utilization review non-certified a request for trigger point injection deep cervical fascia (times 1). The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injection Deep Cervical Fascia (times 1): Upheld

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

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

Decision rationale: The patient presents with neck, shoulder, and arm pain. The current request is for Trigger Point Injection Deep Cervical Fascia (times 1). The treating physician states, "Her pain score without medications is 6/10. She reports to have cervical spasms." (B.18) There is no further discussion about the current request. The MTUS Guidelines state, "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, there is no documentation of trigger points with evidence upon palpation of a twitch as well as referred pain. The current request is not medically necessary and the recommendation is for denial.