

Case Number:	CM15-0046560		
Date Assigned:	03/18/2015	Date of Injury:	04/06/2011
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland

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

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 28 year old female, who sustained an industrial injury on 04/06/2011. She reported bilateral shoulder, left knee, and neck pain and was diagnosed with having bilateral shoulder, right wrist, elbow, and forearm strains and left knee contusion. The injured worker is currently diagnosed as having cervical facet arthropathy, shoulder sprain/strain, elbow/forearm sprain/strain, wrist sprain/strain, occipital neuralgia, myofascial pain syndrome, knee and leg sprain/strain, and neck sprain/strain. Treatment to date has included physical therapy, bilateral occipital nerve block, trigger point injection to bilateral cervical paravertebral area, cervical MRI, electromyography/nerve conduction studies, and medications. In a progress note dated 01/27/2015, the injured worker presented with complaints of neck pain on the right side radiating to the right shoulder and between shoulder blade, upper neck pain radiating around the skull and triggering frequent headaches, bilateral wrist pain, left knee pain, and low back pain radiating to the left buttock and to the back of the left thigh. The treating physician reported administering a bilateral occipital nerve block and trigger point injection to bilateral cervical paravertebral area times six with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral trigger point injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: Bilateral trigger point injection with ultrasound guidance are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that not more than 3-4 trigger points injections should be given per session. There should be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The request is not medically necessary. There is no evidence of functional improvement from prior trigger point injections. Furthermore, the request does not specify a quantity. The request for bilateral trigger point injections with ultrasound guidance is not medically necessary.