

Case Number:	CM15-0068633		
Date Assigned:	04/16/2015	Date of Injury:	10/29/1995
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 65-year-old female, who sustained an industrial injury on 10/29/1995. She has reported subsequent neck, head and lower extremity pain and was diagnosed with cervicogenic headaches, myalgia and myositis. Treatment to date has included oral pain medication and trigger point injections. In a progress note dated 03/09/2015, the injured worker complained of neck and leg pain that was rated as 8-10/10. Objective findings were notable for trigger points in the bilateral levator, splenius and rhomboid groups. A request for authorization of trigger point injections was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection at bilateral levator and bilateral rhomboid groups: 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 injection.

Decision rationale: Guidelines recommend trigger point injections with presence of a twitch response. Although records indicate that there are active trigger points and a positive twitch response in 2014, there is no current medical records documenting symptomatic trigger points. In addition, the guidelines do not recommend 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. There is no documentation of the percentage or duration of improvement from December 2014 injections. The request for trigger point injection at bilateral levator and bilateral rhomboid groups is not medically appropriate and necessary.