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| Case Number: | CM15-0068873 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 08/10/2011 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/01/2015 |
| 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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

This 38 year old woman sustained an industrial injury on 8/10/2011 due to cumulative trauma. Evaluations include electromyogram dated 1/7/2013 and cervical spine MRI dated 12/27/2013. Diagnoses include repetitive strain injury of the right upper extremity and cervical disc degeneration with neck and radicular pain. Treatment has included oral medications and physical therapy. Physician notes dated 3/20/2015 show complaints of pain tot eh right side of her neck and back of the arm to the right wrist and left side low back and hip pain. There was objective findings of tender cervical muscle spasm Future medical care may include physician visits, pain medications, injections, physical therapy, acupuncture, and soft tissue mobilization. The medications listed are nabumetone, Hydrocodone, Aleve (OTC), Terocin lotion, orphenadrine and ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 trigger point injections for the right trapezius muscle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate subjective findings of intractable trapezius spasm with palpable tender taut trigger points that had persisted despite conservative treatments with medications, PT and TENS unit use. The criteria for 4 trigger points injections to right trapezius was met. The request IS medically necessary.