

Case Number:	CM15-0071123		
Date Assigned:	04/21/2015	Date of Injury:	09/01/2014
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/15/2015

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 38-year-old female, who sustained an industrial injury on 9/1/2014. The current diagnoses are cervical sprain, repetitive strain injury with myofascial pain syndrome, status post right lateral epicondylitis, and status post bilateral cubital tunnel surgery. According to the progress report dated 3/10/2015, the injured worker complains of neck pain. She states that she is feeling worse. The pain is rated 6-7/10 on a subjective pain scale. The current medications are Voltaren, Ibuprofen, Prilosec, and Zanaflex. Treatment to date has included medication management, X-rays, physical therapy, and myofascial therapy. The plan of care includes trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections 4 units done on 03-10-15: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for neck pain. When seen in January 2015, trigger point injections were performed. Less than one month later, there had been a 30% improvement. When seen the following month, physical examination findings included diffuse trigger points with muscle twitches. 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. In this case, less than one month after the last set of trigger point injections there had been only a 30% improvement. Since the criteria are not met the request is not medically necessary.