

Case Number:	CM15-0071347		
Date Assigned:	04/21/2015	Date of Injury:	09/01/1997
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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 was a 73 year old female, who sustained an industrial injury, September 1, 1997. The injured worker previously received the following treatments trigger point injections, cervical and lumbar CT scans, Clonazepam, Gabapentin, Lansoprazole, Lidocaine Patches and Sertraline. The injured worker was diagnosed with degenerative cervical disc disease and stenosis with radiculopathy, degenerative lumbar disc disease and stenosis and spondylosis with radiculopathy, myofascial pain syndrome, fibromyalgia and cervical myelopathy. According to progress note of March 23, 2015, the injured workers chief complaint was neck and back pain. The injured worker rated the pain 3 out of 10; 0 being no pain and 10 being the worse pain. The injured worker would like to continue with trigger point injections. The injured worker felt 75% better after 6 sessions of myofascial therapy and found it to be very helpful. The injured worker received a trigger point injection at this visit over the right and left upper trapezius, scapular and lumbar areas. The trigger point injections have allowed the injured worker to avoid surgery. The treatment plan included 4 unit 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 Qty 4: 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: Trigger Point Injections Qty 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the frequency of trigger point injections should not be at an interval less than two months. The documentation indicates that the patient 's trigger point injections have been given every 6 weeks which is not the recommendations of the MTUS. The MTUS states that these intervals should be not less than 2 months. For this reason the request for trigger point injections Qty 4 is not medically necessary.