

Case Number:	CM15-0072916		
Date Assigned:	04/23/2015	Date of Injury:	01/28/2013
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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: California

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 27 year old male, who sustained an industrial injury on 1/28/2013. Diagnoses have included cervicgia and cervical radiculitis. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, massage therapy, chiropractic treatment, injections and medication. According to the progress report dated 3/10/2015, the injured worker complained of neck and shoulder pain. He rated his average pain as 4/10. Exam of the cervical spine revealed facet tenderness. Neck range of motion was limited by pain. Range of motion of the thoracic spine was limited by pain. Numbness, weakness and tingling were present in the left upper extremity. Authorization was requested for trigger point injections every three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections every 3 months: 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Repeat trigger point injections may be indicated provided there is at least 50% pain relief with objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Furthermore, repeat injections are indicated only in the presence of at least 50% pain relief with objective functional improvement for 6 weeks. This cannot be predicted and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the requested trigger point injections are not medically necessary.