

Case Number:	CM15-0073736		
Date Assigned:	04/23/2015	Date of Injury:	06/20/1992
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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 is a(n) 66 year old female, who sustained an industrial injury on 6/20/92. She reported pain in her neck. The injured worker was diagnosed as having cervical spondylosis and interstitial myositis. Treatment to date has included chiropractic treatment, massage therapy and pain medications. As of the PR2 dated 2/24/15, the injured worker reports 7/10 pain in her neck and right shoulder. She indicated that the current medications are allowing for increased mobility and tolerance of activities of daily living. The treating physician requested a trigger point injection for cervical myofascial as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger Point Injection for Cervical Myofascial as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 1 Trigger Point Injection for Cervical Myofascial as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when particular criteria are met including documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and no 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. The frequency of injections should not be at an interval less than two months. The documentation does not reveal physical exam findings of a clear trigger point with twitch response. The documentation is not clear if the patient has had prior trigger points as well as the outcome of these injections. For these reasons, the reasons the request for 1 trigger point injection is not medically necessary.