

Case Number:	CM15-0077156		
Date Assigned:	04/28/2015	Date of Injury:	10/24/2006
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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: Georgia

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:

The injured worker is a 43 year old female patient who sustained an industrial injury on 10/24/2006. A recent visit dated 01/13/2015 reported the patient with subjective complaint of bilateral neck pain, right worse; bilateral low back pain, left worse that radiates to the buttocks. Current medications are: Tramadol, Vicodin, Motrin, and Pantoprazole. Differential diagnoses of: bilateral cervical facet joint pain; cervical facet joints arthropathy; chronic neck pain; bilateral lumbar facet joint pain; lumbar facet joints arthropathy, and chronic low back pain. The plan of care noted with recommendation for secondary care giver for pain management; facet joint radiofrequency nerve ablation, and follow up visits. Another follow up visit dated 09/10/2014 reported the patient with subjective complaint of increasing neck pain. The pain radiates to the head and is associated with frequent headaches. She has had positive outcome from previous injection. The following diagnoses are applied: discogenic lumbar condition with facet inflammation and arthropathy; discogenic cervical condition and radicular component with disc disease, and chronic pain syndrome. Of note, her prior prescription for Vicodin was denied. She has been utilizing the Tramadol with reduce effect. The physician is recommending another injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection right midline cervical at trapezius: 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 Page(s): 84.

Decision rationale: Trigger point injection right midline cervical at trapezius is not medically necessary. Per Ca MTUS guidelines which states that these injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the muscle where the injection is to be performed. Additionally, the subjective and objective findings are consistent with radiculopathy. There is lack of evidence that trigger point injections are effective against radicular pain; therefore the requested service is not medically necessary.