

Case Number:	CM15-0096343		
Date Assigned:	05/26/2015	Date of Injury:	03/21/2000
Decision Date:	06/24/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old female sustained an industrial injury to the neck, back and right shoulder on 3/21/00. Previous treatment included magnetic resonance imaging, electromyography, cervical fusion, right shoulder surgery, trigger point injections, injections, psychiatric care and medications. On 1/9/15, the injured worker received trigger point injections to the cervical paraspinal musculature with 90-100% initial pain relief to the neck and upper back. On 2/6/15, the injured worker reported that her pain had increased since the last visit. In the most recent PR-2 submitted for review, the injured worker complained of pain 4/10 on the visual analog scale with medications and 8/10 without. Physical exam was remarkable for cervical spine with restricted range of motion in all directions, paraspinal musculature with spasm, tenderness and tight muscle bands and tenderness to palpation at the rhomboids and trapezius. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Current diagnoses included muscle spasm. The treatment plan included decreasing Norco dosage, psychiatry referral and continuing medications (Duragesic, Amitiza and psychiatric medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG- Pain and pg 90.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the claimant had increasing pain within a month indicating that 2 months of sustained relief could not be attained. Therefore the request for additional trigger point injection is not medically necessary.