

Case Number:	CM13-0026251		
Date Assigned:	01/15/2014	Date of Injury:	07/30/2005
Decision Date:	04/09/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/18/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female customer service associate for [REDACTED] sustained a neck injury on 7/30/05 when she bent down to scoop clothing out of a basket. The patient is status post right carpal tunnel release in May 2010 and left carpal tunnel release on 6/30/11. The 9/17/12 cervical MRI documented borderline narrowing of the spinal canal, left paracentral/foraminal disc protrusion at C5/6 mildly impressing the ventral cord surface and moderate left neuroforaminal narrowing, and small central disc protrusion at C6/7 contacting the ventral cord surface without significant mass effect. Records indicate the patient had trigger point injections on 9/19/12 and 12/6/12 with symptoms reduced for approximately 3 to 4 weeks prior to return. The 7/19/13 treating physician report indicated that the patient suffered from chronic neck pain that radiates into her head and down her left arm, currently 7/10 and intermittent. Cervical muscle spasms limited activities of daily living and increased the need for pain medications. Alleviating factors were noted as trigger point injections, H-wave, using an arm band and immobility, and pain medications. Physical therapy and home exercises provided minimal or temporary pain relief. Current medications included Flexeril, Medrox patch, Gabapentin, Norco, Cymbalta, and Lidoderm. Exam findings included moderate loss of cervical range of motion, significant spasming and twitching of the trapezius and levator scapulae muscle bellies, visible trapezius spasms bilaterally, significant point-tenderness at various muscle points including the deep cervical fascia, cervical facet joint tenderness, positive cervical mechanical signs, 5-/5 bilateral upper extremity strength, left grip strength weakness, some paresthesias along the radial and median nerve distribution, painful right hand range of motion, and inability to hold objects in the right hand without dropping them. The diagnosis was chronic neck pain due to degenerative disc disease with facet osteoarthropathy. Trigger point injections of the deep cervical fascia x 4 were requested on 8/21/13 and certified with modification to trigger point injection of the bilateral

deep fascia x 3 with provider agreement. Peer review discussion was noted with the provider reporting almost complete pain relief for 8 weeks following trigger point injections. Another specific benefit included discontinuation of Medrox patches. The provider reported significant improvement with H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) TRIGGER POINT INJECTIONS OF THE BILATERAL DEEP FASCIA:

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 Injection Section Page(s): 122.

Decision rationale: The request under consideration is for trigger point injection (TPI) of bilateral deep fascia x 4. The California MTUS Chronic Pain Guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections are not recommended for radicular pain. Specific criteria for the use of trigger point injections must include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, persistent symptoms for more than 3 months, and failure of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants to control pain. Guidelines recommend no more than 3 to 4 injections per session and state no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after and injection and there is documented evidence of functional improvement. Guideline criteria have not been met. Pain reduction for 3 to 4 weeks is documented in the treatment records, with no significant improvement in functional ability recorded. Peer review discussions have reported 100% relief of pain with previous trigger point injections for 3 to 8 weeks with medication reduction limited to the temporary discontinuation of Medrox patches. Significant improvement is documented with the use of a home H-wave unit. However, there is no evidence upon palpation of trigger points of a twitch response as well as referred pain. There is no compelling ongoing clinical reason presented in the records to support the medical necessity of trigger point injections beyond the 3 certified. The request for trigger point injection of the bilateral deep fascia x 4 is not medically necessary.