

Case Number:	CM13-0030985		
Date Assigned:	12/04/2013	Date of Injury:	02/23/2010
Decision Date:	03/26/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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:

The patient is a 50-year-old male who reported an injury on 02/23/2010 when he was driving through a parking lot, he sustained a motor vehicle accident in which his head hit the side glass window and subsequently developed significant pain in right side of the neck radiating to the right upper extremity. The patient has neck pain rated at 6/10 to 7/10 without medications. Physical findings included 3 trigger points in the right trapezius muscle with associated guarding and spasms. It is noted that at trial of Zanaflex failed to provide relief for the patient. The patient was prescribed Flexeril but it did not alleviate the muscle pain. He underwent conservative treatment without significant Improvement In symptoms and also had significant cervicogenic type headaches. After courses of physical therapy, he continued to have significant painful symptoms. He remained on full duty but had difficulty coping with his pain. MRI of the brain was reportedly obtained which was grossly normal without evidence of frank intracranial pathology. Over time, he had significant difficulty coping with his pain and was taken off work in August 2010. He was found to have carpal tunnel syndrome on tile right and underwent Carpal tunnel release on 10/18/12 with good benefit. Physical exam revealed full cervical ROM; palpation revealed tenderness and trigger points in trapezius and supraspinatus. Neurological exam: CN2-12 is grossly intact. Sensation is grossly intact. Manual stretch reflex (DTR): 1/4 biceps, triceps and brachioradialis. Strength: 5/5 bilaterally in all muscle groups in upper extremity. Hoffman is negative bilaterally. Babinski is down going bilaterally. Spurling is positive. MRI spine 11/7/12 reveals: C34-mild right neuroforaminal narrowing due to facet changes, C45- mild right neuroforaminal narrowing due to facet changes, C56-1.6mm central disc protrusion, facet changes, mild bilateral neuroforaminal narrowing, and mild central stenosis, C67-1.6 mm central disc protrusion and mild central stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections in the right trapezius muscle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of trigger point injections Page(s): 122.

Decision rationale: Initial denial was based on lack of documentation of patient's response to Flexeril as well as response to physical therapy, stretching exercises as well as lack of documentation of imaging studies, physical exam or neuro testing to determine the presence of a radiculopathy. As per MTUS Chronic pain guidelines for trigger injection, Documentation submitted for review reveals a primary treating physicians note on October 2, 2013 that identifies documentation of 3 trigger points, pain persisting greater than three months, management therapies with stretching exercises, physical therapy, NSAIDS, and Flexeril. A neuro exam is included on the exam on 10/2/13. Documentation supplied to this reviewer supports the MTUS Chronic pain criteria for use of Trigger point injection.