

Case Number:	CM13-0051773		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2008
Decision Date:	10/29/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 42 year old female who sustained an injury to her neck on 05/02/06. The mechanism of injury was not documented. The records indicate that the injured worker completed a regimen of physical therapy for the neck in 2008 that provided good benefit. The injured worker is status post left shoulder arthroscopic release dated 01/27/10 followed by anterior cervical discectomy and fusion at C5-6 dated 04/12/11. A clinical note dated 04/19/13 reported that the injured worker continued to complain of bilateral shoulder/wrist pain with forearm impingement. The clinical note dated 10/04/13 reported that the injured worker continues to have a history of cervical radiculopathy, bilateral shoulder pain, and bilateral wrist pain. The injured worker also complained of continued muscle spasm. Treatment to date has also included a transcutaneous electrical nerve stimulation (TENS) unit that has provided mild relief and trigger point injections that have provided mild relief. The injured worker rated her current pain at 10/10 visual analog scale (VAS). It was noted that the injured worker has sustained a recent right wrist fracture. Physical examination noted guarding in the cervical region with restricted range of motion; muscle spasms with trigger points identified in the paraspinal/trapezius muscles, left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Paracervical/trapezius trigger point injections; four (4) injections bilaterally: 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): 122.

Decision rationale: CA MTUS states that trigger point injections are recommended for treatment of myofascial pain syndrome. It was noted that no repeat injections are recommended unless there is a greater than 50% pain relief obtained for 6 weeks following injections and there is documented evidence of functional improvement. CA MTUS also states that there must be documentation that medial management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control the pain. There were no recent physical therapy notes provided that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There is no indication that the injured worker is actively participating in a home exercise program. Given this, the request for paracervical/trapezius trigger point injections x four (4) injections bilaterally is not indicated as medically necessary.