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| Case Number: | CM13-0054208 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/02/2006 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 10/14/2013 |
| 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 Minnesota. 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 reported an injury on 05/02/2006. The mechanism of the injury was not provided within the medical records. The clinical note dated 11/26/2013 indicated diagnoses of cervical radiculopathy, bilateral shoulder pain, bilateral wrist and forearm impingement, and left volar wrist pain. The injured worker was status post left shoulder arthroscopic release on 01/27/2010, and status post anterior cervical fusion at C5-6 on 04/12/2011. The injured worker reported improvements with numbness and tingling and she reported that the pain had subsided quite a bit. The injured worker reported muscle spasms. The injured worker was status post a left cervical trigger point injection with mild pain relief. She reported per pain was rated 10/10. The injured worker reported that she completed physical therapy for her neck on a non-industrial basis in 2008 with good benefits. She reported that she was interested in repeating physical therapy due to her desire to decrease her medication use and obtain prolonged relief of her pain of cervical muscle spasms. The injured worker reported she has been using Soma with some relief and heating and ice packs. The injured worker indicated that she was unable to complete physical therapy; however, she continued to use her TENS unit with mild pain relief. On physical exam of the cervical spine, there was increased pain and restriction in all planes. The injured worker had muscle guarding and muscle spasms. The trigger point was identified in the paraspinal and trapezius muscles bilaterally. The treatment plan included a refill for Soma tablet 350 mg, one (1) tablet orally four (4) times a day for thirty (30) days, for 120 tablets refilled twice. The provider submitted a request for four (4) paracervical/trapezius trigger point injections bilaterally. The injured worker's prior treatments have included surgery and medication management. The injured worker's medication regimen included Soma. The Request for Authorization on 10/07/2013 was submitted for

paracervical/trapezius trigger point injections, four (4) injections for the paracervical /trapezius musculature bilaterally; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) BILATERAL PARACERVICAL/TRAPEZIUS TRIGGER POINT INJECTIONS: 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: The Chronic Pain Guidelines recommend trigger point injections for myofascial pain syndrome. The guidelines do not recommend trigger point injections for radicular pain. The guidelines also recommend no repeat injections unless a greater than 50% pain relief is obtained for six (6) weeks after an injection and there is documented evidence of functional improvement. The guidelines state that frequency should not be at an interval less than two (2) months. Trigger point injections with any substance, such as saline or glucose, other than local anesthetic with or without steroids are not recommended. The injured worker was status post left cervical trigger point injection with mild pain relief. There was a lack of evidence in the documentation of functional improvement or improvement of 50% over six (6) weeks with the prior injections. In addition, there was a lack of documentation of a percent of pain relief by the injured worker. The documentation submitted did not indicate that the injured worker had evidence of myofascial pain syndrome or trigger points on examination. Therefore, the request is not medically necessary.