

Case Number:	CM13-0055010		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2007
Decision Date:	05/05/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 & Rehabilitation 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 52-year-old female with a reported date of injury on 08/24/2007; the mechanism of injury was not provided within the medical records. The injured worker presented with right trapezius muscle spasms; sharp pain starting at the antecubital fossa; constant burning pain in the suprascapular region going down the arm to the right thumb, index, and long finger; pinching in the right anterior shoulder; numbness and weakness to the shoulder, "knot" in the right trapezius, which prevented the injured worker from turning her neck to the right; palpable spasm in the right superior trapezius; non-painful bilateral superior trapezius, middle trapezius, and rhomboid trigger areas; circumscribed trigger point with evidence upon palpation of a twitch response, as well as referred pain; and pain with palpation in the right scapular region diffusely. The injured worker had ongoing radicular pain and radiculopathy in the right arm despite having an intact fusion. The injured worker had numbness and weakness to the shoulder, and numbness in the lateral aspect of the right forearm in all 5 fingers at night. The injured worker had diagnoses including neuralgia, neuritis, radiculitis, cubital tunnel syndrome, and carpal tunnel syndrome. The physician's treatment plan on 01/22/2014 included a request for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines note trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The MTUS Chronic Pain Guidelines note there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and injured workers should have symptoms which have persisted for more than three months. Guidelines indicate there should be evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control the injured workers pain and radiculopathy must not be present (by exam, imaging, or neuro-testing). MTUS Chronic Pain Guidelines recommend no more than 3-4 injections per session should be administered. The MTUS Chronic Pain Guidelines note no repeat injections should be given without evidence of greater than 50% pain relief obtained for six weeks after the prior injection and there is documented evidence of functional improvement. Injections should not be given at an interval of less than two months. Within the provided documentation, it was noted the injured worker had findings upon electrodiagnostic testing of right C6-8 radiculopathy, as well as numbness and tingling to the right upper extremity. The injured worker had non-painful bilateral trigger areas to the superior trapezius, middle trapezius, and rhomboid. The injured worker had a circumscribed trigger point with evidence upon palpation of a twitch response, as well as referred pain and spasm upon palpation in the right superior trapezius. The injured worker previously received trigger point injections on 10/25/2013. The efficacy of the prior trigger point injections was unclear within the provided documentation. It was unclear if the injured worker had greater than 50% pain relief for 6 weeks after the injection, as well as evidence of objective functional improvement with the injection. Radiculopathy was present by exam and electrodiagnostic testing. Additionally, the site at which the requested injections were to be administered was not indicated within the submitted request. As such, the request for trigger point injections is not medically necessary and appropriate.