

Case Number:	CM13-0055270		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2004
Decision Date:	04/03/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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 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 60 year old female who reported injury on 12/10/2004. The mechanism of injury was noted to be the patient was supervising on the playground when the student kicked a soccer ball which hit the top of her back near her neck and shoulder blades. The physical examination of 09/12/2013 revealed the patient had elevated left trapezius with palpable trigger points to sternocleidomastoids, trapezius and rhomboids bilaterally left greater than right. The palpable trigger point had reproduction to waitress provocation on the left. The patient had palpable myofascial bands to the bilateral trapezius and bilateral splenius capitis. The patient had 4+/5 strength in the left deltoid and 4-/5 strength in the left triceps. The patient indicated they had trigger point injections 1 month prior to the examination of 09/12/2013 which decreased the patient's pain in the neck and shoulder by 65 degrees and the patient could lift her arms at a 90 degree angle without pain. The patient's diagnoses were noted to include cervical spondylosis without myelopathy, cervicgia, spinal stenosis in the cervical region and degeneration of the cervical intervertebral disc. The request was made for trigger point injections to the bilateral splenius capitis and bilateral trapezoids. Documentation dated 11/08/2013 revealed the patient had trigger point injections in the past which provided over 80% relief for greater than 3 months at a time. The physician indicated they were requesting 1 trigger point every 3 to 4 months to allow the patient to remain 100% functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to Bilateral Splenius Cervices and Bilateral Traps Times Six:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. Clinical documentation submitted for review indicated the patient had circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The patient had myotomal deficits in the left deltoid and left triceps. The documentation of 11/08/2013 revealed the patient was able to continue to work in her usual and customary occupation and had relief of over 80% for 3 months at a time. There was a lack of documentation of objective functional improvement the request was noted to be submitted approximately 1 month after the first injection and the frequency should not be at less than an interval of 2 months. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for trigger point injections to bilateral splenius cervices and bilateral traps times six is not medically necessary.