

Case Number:	CM13-0057185		
Date Assigned:	01/10/2014	Date of Injury:	06/05/1996
Decision Date:	04/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 and is licensed to practice in California. 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 patient is a 49 year old female who was injured on 06/05/1996. Mechanism of injury is unknown. Her injury resulted in symptoms involving the upper back. She has been treated with mediations and trigger point injections in the past. She was given authorization for trigger point injections on 08/09/2013. It is not clear of the injections were done. Prior treatment history has included trigger point injection and medications: 1. Lidoderm 5% patch 2. Celebrex 200 mg 3. Norco 5-325 mg 4. Flexeril 5 mg Pr-2 dated 08/09/2013 documented the patient to have complaints of increasing pain to the left shoulder blade which radiates into the left upper extremity as well as the left side of the cervical spine. Patient states that she has authorization for trigger point injection today and would like to have them done since they are effective for her pain. Patient continues to use Norco on a prn basis which patient state is effective in decreasing her pain to a tolerable level and increased function and quality. Patient denies any adverse reaction and no euphoria/dysphoria. Objective findings on examination of the cervical spine revealed tenderness to palpation. Left lateral rotation noted to be 60 degrees. There is pain noted with left lateral rotation of C-spine. Left lateral flexion noted to be full at 45 degrees. Right lateral rotation of the C-spine is noted to be 70 degrees. There is pain noted with right lateral rotation. Right internal flexion is noted to be full at 45 degrees. The patient's gait appears to be normal. Straight leg raising is normal bilaterally to 90 degrees. Deep tendon reflexes bilaterally in the triceps and biceps 1. PR-2 dated 10/24/2013 documents the patient stating that her pain level is at 7/10. Patient reports increased pain in her left shoulder blade. Feels that the pain relieving effects of trigger point injections have worn off and would like to have more injections. Patient states that the pain in her lefty shoulder radiates to her left arm, left elbow and to the right side of the cervical spine and upper back. Pain in her left shoulder is described as constant throbbing ache. Pain is increased with lifting objects, raising her arm, turning from side to side

and increased activity. Pain is decreased with medications, injections and rest. Patient continues to use combination of Flexeril, Norco, and Celebrex to decrease the severity of her neck and shoulder pain, while the pain is never totally abated. The medication regimen allows for increased function, mobility and ability for patient to work fulltime. Patient denies adverse reactions at this time. Objective findings on exam revealed tenderness to palpation. Left lateral rotation noted to be 60 degrees. There is pain noted with left lateral rotation of C-spine. Left lateral flexion noted to be full at 45 degrees. Right lateral rotation of the C-spine is noted to be 70 degrees. There is pain noted with right lateral rotation. Right internal flexion is noted to be full at 45 degrees. The patient's gait appears to be normal. Straight leg raising is normal bilaterally to 90 degrees. Deep tendon reflexes bilaterally in the triceps and biceps 1. Physical exam reassessed is unchanged. A note dated 11/04/2013 indicates [REDACTED] worked full time and that the trigger point injection were done approximately 3-4 times per year with greater than 70% reduction in pain secondary to trigger points for greater than 12 weeks. Physical exam was consistent with myofascial twitch meeting Travell's diagnosis and pain with palpation in a referred pattern. PR-2 dated 01/13/2014 documented on physical exam there was pain with palpation to bilateral splenius cap/trapezius and myofascial twitch along the splenius cap/ and trapezius bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS LEFT SIDE TRAPEZIUS AND RHOMBOID: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per CA MTUS guidelines, the criteria for the use of trigger point injections are 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. 2) Symptoms have persisted for more than three months. 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. 4) Radiculopathy is not present (by exam, imaging, or neuro-testing). 5) Not more than 3-4 injections per session. 6) 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. 7) Frequency should not be at an interval less than two months. 8) Trigger point injections with any substance (e.g. saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, this patient was diagnosed with myalgia and myositis, unspecified. There was been previous trial of trigger point injections with 70% pain relief. There is documentation of failure of other conservative modalities including medications. A most recent note dated 01/13/2014 indicates myofascial twitch along the splenius cap/ and trapezius bilateral. As such, the medical necessity for use of trigger point injections has been established and the request is certified.