

Case Number:	CM13-0058140		
Date Assigned:	02/24/2014	Date of Injury:	10/17/2003
Decision Date:	04/03/2014	UR Denial Date:	09/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 Interventional Spine 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 54 year old male with a date of injury of 03/22/2010. The listed diagnoses dated 01/20/2014 are: Left S1 sciatica, L5-S1 disk placement, C5-C6 disk placement, Cervicalgia. The physician has only provided 1 progress report dated 01/20/2014, which is noted to be after the utilization review dated 07/26/2013. According to report dated 01/20/2014, the patient presents requesting a repeat trigger point injection to the cervical paraspinal. It was noted that the last trigger point injection was 4.5 months ago which produced 50% pain relief, such that the patient is no longer using gabapentin and ibuprofen. Treater notes the patient's sciatica and neck pain is recurring. Examination of the neck reveals decreased range of motions with flexion 40/45, extension 60/60, and lateral rotation 45/90 bilaterally. MRI of the cervical spine dated 10/28/2013 revealed C5-C6 disk herniation. Physician is requesting a retrospective cervical trigger point injection at C2 spinous dated 07/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Cervical Trigger Point Injection C2 Spinous Process with 1CC Lidocaine and 1CC Depomedrol using #25 Needle 7/8/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents for a request for a repeat trigger point injection. Utilization review dated 07/26/2013 applied MTUS Guidelines for trigger point injections, however, did not provide a rationale for the denial. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections: "Recommended only for myofascial pain syndrome with limited lasting value. Not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless greater than 50% relief is obtained for 6 weeks, interval should not be less than 2 months and must be local anesthetic with or without steroid)." In this case, the physician report dated 01/20/2014 documents that the patient has palpable trigger point at C2 area. The physician states that prior injection was over 4.5 months ago, which produced greater than 50% relief. It was noted that medical management included HEP/strengthening exercises, prior PT, NSAIDs, and ibuprofen, which have failed to control pain. Physician goes on to state that the patient does not have radiculopathy, and prior injection has produced greater than 50% relief for about 6 months. It was noted that the patient is no longer taking medications due to pain relief from the prior injection. However, the patient is recently experiencing some reoccurring pain and requesting a repeat injection. In this case, the patient meets the criteria for repeat trigger point injection, and recommendation is for approval.