

Case Number:	CM13-0062114		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2011
Decision Date:	04/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of February 1, 2012, notable for bilateral carpal tunnel syndrome; a cervical MRI of November 2011, notable for multilevel degenerative changes of uncertain clinical significance; epidural steroid injection therapy in unspecified amounts, per the claims administrator; adjuvant medications; and muscle relaxants. In a utilization review report of November 19, 2013, the claims administrator denied a request for trigger point injections, stating that the applicant did not have myofascial pain for which the same would be indicated. The applicant's attorney subsequently appealed. In a November 12, 2013 progress note, the applicant is described as having persistent neck pain radiating to the right hand and right arm. The applicant is having difficulty doing activities of daily living and reports 5/10 pain. Her sleep is impacted, she notes. She is on Nucynta for pain relief. She is off of work, on total temporary disability. She is overweight with a BMI of 33. She is given a diagnosis of chronic neck pain with right arm pain. She has decreased strength about the right hand with tenderness noted about the trapezius musculature. She is also given diagnoses of diabetes mellitus, poor sleep hygiene, and myofascial pain syndrome. Nucynta, Norco, Celebrex, and baclofen are endorsed, along with a new cervical MRI and trigger point injection therapy. The applicant is described as having earlier MRI imaging consistent with severe spinal stenosis and neuroforaminal stenosis on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections; cervical spine: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections are "not recommended" for radicular pain, as is seemingly present here. In this case, the attending provider has posited that the applicant has an active cervical radiculopathy with associated radiation of pain to the right arm, weakness about the right arm, and MRI imaging was notable for neuroforaminal stenosis and spinal stenosis which are apparently suggestive of an active cervical radiculopathy, per the attending provider. Trigger point injections are not indicated in the treatment of the applicant's ongoing issues with cervical radiculopathy, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.