MAXIMUS Federal Services

Case Number:	CM13-0063685		
Date Assigned:	06/09/2014	Date of Injury:	01/21/2010
Decision Date:	07/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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 Illinois. 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 66-year-old male who reported an injury January 21, 2010. The mechanism of injury was not provided within the medical records. The clinical note dated November 19, 2013 indicated diagnoses of cervical pain, cervical radiculopathy, myofascial/ fibromyofacial and muscle spasm. The injured worker reported bilateral neck pain. The injured worker reported his activity level had decreased and pain level had increased. He rated his pain at 6/10. The injured worker reported that medications were working well. On physical examination, the patient reported headaches. The cervical spine examination revealed spasms and tenderness on both sides, positive facet loading, pain sensation was present over the left and right neck and upper extremities. The patient's prior treatments included diagnostic imaging and medication management. The provider submitted request for trigger point injection to the cervical spine. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One trigger point injection to the cervical spine: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. There was lack of clinical documentation indicating a twitch response was evidence with palpation to trigger points. In addition, it was not indicated in the documentation submitted that symptoms have persisted for more than three months. Additionally, there was lack of evidence in the documentation provided of exhaustion of conservative therapy such as NSAIDs (non-steroidal anti-inflammatory drugs) and physical therapy or that conservative therapies have failed to control pain. Therefore, the request for one trigger point injection to the cervical spine is not medically necessary or appropriate.