

Case Number:	CM13-0067756		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2010
Decision Date:	05/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 & 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:

According to the records made available for review, this is a 48-year-old male with a 7/15/10 date of injury. At the time (12/4/13) of request for authorization for trigger point injection to the cervical spine, there is documentation of subjective (posterior neck pain rated 9/10, pain is severe and constant, pain is radiating into the back of head, both sides of the head, shoulders) and objective (grade 3 tenderness along both sides of the cervical region) findings, current diagnoses (cervicobrachial syndrome, rule out HNP), and treatment to date (medications and chiropractic treatment).

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION TO THE 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 Trigger Point Injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; 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 no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervicobrachial syndrome, rule out HNP. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as muscle relaxants have failed to control pain. However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; that additional medical management therapies such as ongoing stretching exercises, physical therapy, and NSAIDs have failed to control pain; that radiculopathy is not present (by exam, imaging, or neuro-testing); and that no more than 3-4 injections are to be done per session. Therefore, based on guidelines and a review of the evidence, the request for trigger point injection to the cervical spine is not medically necessary.