

Case Number:	CM13-0069364		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2010
Decision Date:	05/29/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Texas. 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 57-year-old female who reported an injury on 06/03/2007. The mechanism of injury was not stated. Current diagnoses include right cervical radiculopathy, cervical degenerative disc disease, chronic pain syndrome, and anxiety with depression associated with chronic pain. The injured worker was evaluated on 08/15/2013. The injured worker reported persistent neck pain with radiation to the left shoulder region. Physical examination revealed spasm in the cervical paraspinal muscles and cervical facet joints, limited cervical range of motion, trigger points in the cervical paraspinal and shoulder region bilaterally, and dysesthesia to light touch in the right C6 dermatome. Treatment recommendations included authorization for 6 to 8 trigger point injections into the cervical paraspinal and shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-6 TRIGGER POINT INJECTIONS TO RIGHT SHOULDER TO ALLOW FOR PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Criteria for Trigger Point Injections.

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

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should be evidence of a failure to respond to medical management therapies. As per the documentation submitted, there was no evidence of circumscribed trigger points with a twitch response upon physical examination. There is no mention of a failure to respond to ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. Additionally, the California MTUS Guidelines do not recommend more than 3 to 4 injections per session. Therefore, the current request for 4 to 6 trigger point injections exceeds Guideline recommendations. As such, the request for 4-6 trigger point injections to right shoulder to allow for physical therapy is not medically necessary.