

Case Number:	CM14-0001700		
Date Assigned:	06/11/2014	Date of Injury:	03/07/2002
Decision Date:	07/14/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/06/2014

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 Pain Management and is licensed to practice in Minnesota. 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 injury to her neck on 03/07/2002 secondary to going under a partial board when checking in at the key gate. She complained of right sided neck pain with radiation to occiput and upper posterior shoulder. The injured worker continued to work full time with no restrictions after the reported injury. On physical examination on 06/12/2014 the physician observed normal gait, normal stance and swing phase with no analgesic component. There was tenderness over the right cervical facets and upper trapezius muscles, pain with extension and rotation on the right. The upper extremities were negative for Tinel's and Phalen's reflexes and motor were equal and within normal limits and sensation to the upper extremities was intact to touch all digits. Her diagnoses was neck pain and status post cervical fusion. The injured workers past treatments were previous triggerpoint injections (08/08/2013), oral pain medications, there was mention of a cervical medial branch block scheduled for 07/14/2014, however there is no documentation to support that. A cervical x-ray dated 02/27/2009 showed stable appearing anterior cervical discectomy and fusion of C5 through C7 in unchanged normal alignment without evidence of complication, osteopenia and mild facet arthropathy from C5-6 through C7-T1 and no fracture or other focal bone abnormality. The CT myelogram showed post-surgical fusion from C5 through C7, intact hardware, mild multilevel facet degenerative change at levels described above, otherwise a normal cervical myelogram. Her medications were tramadol and hydrocodone for pain. The treatment plan is for 10 trigger point injections in to 6 muscles for a quantity of ten (10) and regional anesthesia for a quantity of ten (10). The request for authorization form is signed and dated 12/11/2013. There is no rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 TRIGGER POINT INJECTIONS INTO 6 MUSCLES QUANTITY: 10.00: Upheld

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

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

Decision rationale: The request for 10 trigger point injections in to 6 muscles for a quantity of ten (10) is non-certified. The injured worker complained of right sided neck pain with radiation to occiput and upper posterior shoulder. The injured worker continued to work full time with no restrictions after the reported injury. On physical examination on 06/12/2014 the physician observed normal gait, normal stance and swing phase with no antalgic component. There was tenderness over the right cervical facets and upper trapezius muscles, pain with extension and rotation on the right. Her past treatments were previous trigger point injections (08/08/2013), oral pain medications. CA MTUS recommend documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. There is no documentation to support the above mentioned also the muscles are not listed in the request. Therefore, the request for 10 trigger point injections in to 6 muscles for a quantity of ten (10) is not medically necessary.

REGIONAL ANESTHESIA QUANTITY: 10.00: Upheld

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

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

Decision rationale: The request for regional anesthesia for a quantity of ten (10) is non-certified. The CA MTUS states that 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. The trigger point injections were not certified secondary to insufficient clinical information. Therefore, the request for regional anesthesia for a quantity of ten (10) is not medically necessary.