

Case Number:	CM14-0003480		
Date Assigned:	01/29/2014	Date of Injury:	10/29/2008
Decision Date:	08/18/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 Sports Medicine and is licensed to practice in New York and 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 43-year-old female who reported an injury on 10/29/2008. The mechanism of injury was not provided within the documentation. Prior treatment consisted of several medications for pain control. Her diagnoses were noted to be cervicalgia, myalgia and myositis, muscle spasms, migraine headaches, and cervical spondylosis without myelopathy. An evaluation dated 12/19/2013 noted the injured worker with neck pain that she described as being constant, burning, discomforting, piercing, and shooting. She continued to describe the pain as a radiating pain to the upper extremities. It was noted that relieving factors tried included heating pad, ice, narcotic analgesics, and over-the-counter medications. The objective findings included the injured worker tender to palpation on both sides of her neck and upper trapezius muscles with active trigger points. The range of motion with her shoulders was noted to be painful and limiting. The cervical spine evaluation noted maximum tenderness in the trapezius, paracervical, parascapular, and spinous process. There was significant myofascial tenderness of the cervical support muscles and upper back muscles, right-sided symptoms more than left. Grip strength of the right hand was diminished. The treatment plan included trigger point injections to the upper trapezius bilaterally. The provider's rationale for the request was provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN.

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

Decision rationale: The request for trigger point injections is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended for radicular pain. The criteria for use of trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well referred pain; documentation must provide more than 3 months of symptoms; in addition documentation must indicate failed exercise, physical therapy, NSAIDs, and muscle relaxants; radiculopathy must not be present by examination, imaging, or nerve testing. The injured worker was seen for a clinical evaluation on 12/19/2013. This is the most recent evaluation submitted for review. It was noted that the injured worker had radicular symptoms in the neck and a diagnosis of thoracic or lumbosacral neuritis or radiculitis. The objective findings did not document a twitch response or any referred pain. In addition, the provider's request did not indicate the location of the injections requested. Therefore, the request for trigger point injections is non-certified.