

Case Number:	CM14-0003973		
Date Assigned:	01/31/2014	Date of Injury:	04/25/2011
Decision Date:	06/30/2014	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 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:

The injured worker is a 60-year-old male who reported an injury on 04/25/2011 secondary to lifting a piece of metal. His diagnoses include sprain/strain of the cervical and thoracic spine. According to the medical records submitted for review, the injured worker has been treated previously with medications, acupuncture, physical therapy, electrical stimulations, chiropractic treatment, a cervical pillow, and epidural steroid injections. An electromyography/nerve conduction velocity (EMG/NCV) that was performed on 11/23/2011 was noted to be absent of active or chronic denervation potentials to suggest cervical radiculopathy. An MRI of the cervical spine performed on 08/12/2011 was noted to reveal multilevel degenerative disc disease, a combination of posterior disc bulge and discogenic osteophytes at multiple levels, anterior discogenic osteophytes and disc space narrowing, and multilevel neural foraminal stenosis due to hypertrophic facet arthropathy and hypertrophy of the uncovertebral joints. The injured worker was evaluated on 12/23/2013, and reported neck pain, stiffness, and muscle spasms. On physical examination, the injured worker was noted to have myospasms of the right cervical spine, trapezius, and scapula. He was also noted to have active trigger points at the right levator scapulae and right trapezius. It was noted that the injured worker's symptoms had persisted for over four (4) months, with a failure of muscle relaxers to relieve pain. The injured worker was recommended for a refill of medications, continued home exercise and stretching, and right-sided trigger point injections under ultrasound guidance to the right trapezius and the right levator scapulae. A request for authorization was submitted on 12/23/2013 for right sided second trigger point injections under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT-SIDED 2ND TRIGGER POINT INJECTION UNDER ULTRASOUND

GUIDANCE: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend trigger point injections for the treatment of chronic neck pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The most recent clinical note is handwritten and difficult to decipher. However, there is a lack of documented evidence of a twitch response on palpation and referred pain. Therefore, it cannot be determined that the injured worker would benefit from trigger point injections based on his current clinical presentation. Additionally, the Guidelines state that repeat injections are not recommended unless there is documentation of greater than 50% pain relief obtained for six (6) weeks after a previous trigger point injection, and there is documented evidence of functional improvement. The request as written is for a second trigger point injection. It cannot be determined from the medical records provided whether the requested injection is for an initial injection or a repeat injection. In the absence of documented evidence of a twitch response and referred pain, and without detailed information regarding previous trigger point injections, a right- sided second trigger point injection under ultrasound guidance is not warranted at this time. As such, the request is not medically necessary.