

Case Number:	CM14-0004135		
Date Assigned:	04/04/2014	Date of Injury:	11/09/2011
Decision Date:	05/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 Illinois. 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 with a reported injury date of 11/09/2011, mode of injury was a slip and fall on an icy roof striking his forehead. The injured worker has diagnoses of cervical pain, cervical radiculopathy, disc disorder cervical, and postsurgical laminectomy syndrome. The injured worker was seen on 12/04/2013 for periodic office visit. The injured worker had complaints of neck pain and noted that the pain level had increased since the last visit. The injured worker stated they were taking their medication as prescribed and it has been working well, with no side effects reported. The injured worker was at the time of the office visit, completing physical therapy, number of sessions completed or remaining was not noted. The injured worker noted that he did have continued relief from the 09/2013 epidural injection. It does not note percentage of relief that the injured worker was still having from that. Their medication was Nucynta 50 mg, 1 to 2 tablets as needed for pain. For surgeries, the injured worker has had a discectomy at C5-6 and C6-7 on 11/09/2012. On physical exam, the physician noted limited range of motion with the cervical spine. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity, and triceps and biceps reflexes were 2/4 bilaterally. On sensory examination, light touch sensation was decreased over middle finger and medial forearm on the left side. The request is for a trigger point injection - cervical 1 x 1, the date and rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION- CERVICAL- 1 X 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is not medically necessary and appropriate. The injured worker did note that they still have relief as of 12/04/2013 from an epidural steroid injection which was completed in 09/2013. Upon exam the injured worker has decreased sensation to light touch over the middle finger and medial forearm on the left side. The injured worker has a positive Spurlings test and there is limited range of motion noted to the cervical spine. The California MTUS Guidelines do state trigger point injection is recommended only for myofascial pain syndrome. The criteria for use of trigger point injection is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, if symptoms have persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain, radiculopathy is not present (by exam, imaging, or neural testing). Also, no more than 3 to 4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement, frequency should not be at an interval of less than 2 months. Based on the information provided for review, there were radicular symptoms noted in the information provided for review and a diagnosis of cervical radiculopathy. Also, there was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain noted. However, there was documentation that the patient was still continuing with physical therapy which means that conservative care has not been exhausted. Therefore, the documentation provided for review does not show medical necessity for a trigger point injection and does not meet the criteria. The request for trigger point injection - cervical 1 X 1 is not medically necessary and appropriate.