MAXIMUS Federal Services

Case Number:	CM14-0105740		
Date Assigned:	08/01/2014	Date of Injury:	02/12/2013
Decision Date:	10/08/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 Orthopedic Surgery 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:

This 54-year-old male certified service technician sustained an industrial injury on 2/12/13. Injury occurred while the patient was laying on his back and lifted a 30 to 35-pound pump motor over head with both hands. He underwent anterior cervical discectomy and fusion from C4 to C7 with instrumentation and biochemical cages on 1/23/14. The 5/30/14 orthopedic surgeon progress report indicated there was residual pain and discomfort, but not as much as he used to have. Physical exam findings documented no cervicothoracic paraspinal muscle tenderness with palpation. The surgeon noted some cervical muscle spasms, and recommended 8 visits of acupuncture. The 6/11/14 initial treating physician report cited constant grade 4-7/10 neck pain and cramping. There was radiating pain to both shoulder and numbness in the right arm to the fingers. Pain increased with cervical motions, overhead activities, lifting, sitting and standing. He had difficulty swallowing food, but not liquids. Physical exam documented tenderness to palpation over the paraspinal muscles and right anterior shoulder. There were marked suprascapular and trapezial spasms. Trigger points were palpated over the bilateral paracervical and trapezial muscle groups with positive twitch response. There were subluxing bilateral ulnar nerves with pain on palpation of the cubital tunnels. Cervical range of motion was mild to moderately limited. Bilateral shoulder range of motion was mildly limited. There was decreased sensation over the fingers bilaterally. Strength was decreased over the bilateral forearm extensors and flexors, and interossei. Upper extremity deep tendon reflexes were 2/4. The diagnosis was traumatic musculoligamentous cervical strain, cervical spondylosis, and multilevel herniated ruptured disc with bilateral radiculitis and moderate to severe stenosis. Records indicated the patient was taking anti-inflammatory and opioid analgesic medications. The patient was given trigger point injections to the bilateral suprascapular and trapezial muscle groups which was

helpful. The 6/30/14 utilization review denied the request for trigger point injections as there was limited objective information relative to prior response to previous injections in the same area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection x 2 Parascapular, Trapezial: 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 California MTUS recommends trigger point injections only for myofascial pain syndrome with limited lasting value and do not recommend them for typical back or neck pain. Specific criteria for the use of trigger point injections must include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, persistent symptoms for more than 3 months, and failure of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants to control pain. Repeat injections are not recommended unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment, including muscle relaxants, had been tried and failed. There is no indication that the patient had persistent symptoms for more than 3 months. Records suggest prior trigger point injection with no documentation of the percentage of pain relief or duration of that relief. Therefore, this request is not medically necessary.