

Case Number:	CM14-0017368		
Date Assigned:	04/14/2014	Date of Injury:	05/18/2001
Decision Date:	06/05/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 63-year-old female who reported injury on 05/18/2001. The mechanism of injury was not provided. The documentation of 01/23/2014 revealed the injured worker had paraspinal spasms and trigger points in the trapezius. The injured worker had a normal sensory examination and motor examination. The flexion and extension were mildly restricted. The diagnosis included status post C4-T1 fusion 2008/2009, status post epidural steroid injection of the cervical spine 05/2013. The treatment plan included 4 trigger point injections with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS WITH ULTRASOUND GUIDANCE QTY: 4.00:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation ODG: WORK LOSS DATA INSTITUTE, ODG TREATMENT IN WORKER'S COMPENSATION, 5TH EDITION, 2007 OR CURRENT YEAR, NECK AND UPPER BACK (ACUTE AND CHRONIC), TRIGGER POINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 121, 122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was a lack of documentation indicating the injured worker's symptoms had persisted for more than 3 months. Additionally, there was a lack of documentation indicating medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants had failed to control pain. There was no radiculopathy per physical examination. The request as submitted failed to indicate the location for the trigger point injections. Given the above, the request for trigger point injections with ultrasound guidance, qty 4, is not medically necessary.