

Case Number:	CM14-0111163		
Date Assigned:	08/01/2014	Date of Injury:	10/18/2002
Decision Date:	09/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 49-year-old female who reported an injury on 10/18/2002. The mechanism of injury was not provided. On 06/04/2014, the injured worker presented with pain, throbbing, tingling, numbness and aching in her low back, cervical, right wrist, right arm and right shoulder. Upon examination, there was 5/5 strength in the bilateral lower extremities, positive straight leg raise bilaterally, moderate pain with lumbar extension and flexion and mild tenderness to palpation to the bilateral lumbar paraspinal muscles with a positive twitch response. There was mild pain with lateral bending of the lumbar spine, decreased right wrist flexion and extension. There was moderate to severe tenderness to palpation over the bilateral cervical paraspinal muscles with a positive twitch response. The diagnoses were postlaminectomy syndrome, lumbar radiculopathy, myofascial pain syndrome. The injured worker had a series of 2 trigger point injections with greater than 70% pain relief over 6 months. The provider recommended a series of 3 bilateral cervical and trapezius trigger point injections and Zanaflex. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 bilateral cervical and trapezius trigger point injections under ultrasound guidance for treatment of myofascial pain symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines).

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

Decision rationale: The request for bilateral cervical and trapezius trigger point injections under ultrasound guidance for treatment of myofascial pain symptoms is not medically necessary. The California MTUS Guidelines recommend lumbar trigger point injections for myofascial pain syndrome as indicated with limited lasting value and is not recommended for radicular pain. Trigger point injections with local anesthetic may be recommended for treatments of chronic low back and neck pain with myofascial pain syndrome and the following criteria is met, documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than 3 months, medical management therapies such as ongoing stretching and physical exercise and muscle relaxants fail to control pain, radiculopathy not present, no more than 3 to 4 injections per session, and no repeat injections unless 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 in trigger point with any substance other than local anesthetic or without steroid are not recommended. There is lack of evidence of documentation that conservative therapies such as ongoing stretching, physical therapy, NSAIDs and muscle relaxants have failed to control pain. In addition, clarification is needed as to results of a Spurling's test. There is lack of evidence of objective functional improvement with the prior trigger point injections. As such, the request is not medically necessary.

Zanaflex 4mg po tid prn spasms #90, for better cervical spasm control - no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, page(s) 63 Page(s): 63.

Decision rationale: The request for Zanaflex 4mg po tid prn spasms #90, for better cervical spasm control - no refills is not medically necessary. California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement in efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. Efficacy of the prior use of Zanaflex has not been established. Additionally, the provider's request for Zanaflex 4 mg po tid prn spasms #90 exceeds the guideline recommendations of short term treatment. As such, the request is not medically necessary.

