

Case Number:	CM14-0114029		
Date Assigned:	08/01/2014	Date of Injury:	09/07/2006
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 58-year-old male who reported an injury on 09/07/2006. The mechanism of injury occurred when he fell from a ladder and struck the anterior portion of his neck against the wall. He had a diagnosis of herniated nucleus pulposus. Past treatment included medications, office visits, surgery, aqua therapy, and diagnostic studies. Past surgical history included anterior cervical discectomy, fusion, and osteophyte removal. On 02/19/2014, the injured worker complained of increased stiffness and soreness about the neck. He continued having numbness in the right thumb as well as weakness in the right arm. There was tenderness to palpation bilaterally about the cervical paraspinal musculature. A trigger point injection was given in 2 separate areas about the cervical paraspinal musculature. There were noted to be spasms and taut muscle fibers. There was a reduction in pain per the secondary medication allowing for the resolution of pain over the next several hours to several days. On 04/02/2014, the injured worker was seen for chronic intermittent pain in his neck. The pain occasionally radiated into his shoulders. The active range of motion of the cervical spine revealed the injured worker had guarded neck motion. The injured worker had a full range of motion of all major joints of the upper extremities. This was performed without pain. The injured worker's roentgenograph study disclosed disc disease at C3-4 above the C4 through C7 solid fusion. On 05/14/2014, the injured worker was seen for increased neck pain and stiffness. The trigger point injection given helped his symptoms. On 06/04/2014, the injured worker complained of chronic neck pain. The pain was radiating to the right shoulder. The pain traveled from his neck and all the way down his right arm and into his right hand. He had numbness in the entire hand. Upon examination, there was tenderness to palpation as well as spasms about the right side of the cervical paraspinal musculature. Active range of motion revealed cervical spine disclosed the injured worker was very guarded and neck motion. An x-ray was obtained of the cervical spine

in an AP and lateral view with flexion and extension. There was moderate degenerative disc disease at the C3-4 level. The injured worker was having symptoms of radicular pain that was radiating into his right hand and also it had been 4 years since previous MRI. The provider would like to request an open MRI. The medications were not provided. The request is for retrospective date of service 06/04/2014 x-ray of the cervical spine AP and lateral views with flexion and extension and for retrospective date of service 06/04/2014 trigger point injection right side of cervical paraspinal musculature. The rationale is to reduce pain. The Request for Authorization is dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(retro) Dos 06/04/14 X-ray Cervical Spine AP and Lateral Views w/ flexion and extension:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for retrospective date of service 06/04/2014 x-ray cervical spine AP and lateral views with flexion and extension is not medically necessary. The California MTUS/ACOEM Guidelines only recommend the x-ray of the cervical spine AP and lateral views with flexion and extension for patients who have cervical tenderness, have loss of consciousness, have impaired sensorium, or to evaluate the status of fusion. The guidelines recommend radiographic studies when red flags or fracture or neurologic deficits associated with acute trauma, tumor, or infection of present. There is no significant documentation of deficits or problems that would warrant authorization of these x-rays. There is a lack of documentation of red flags for the medical necessity of the study. As such, the request is not medically necessary.

(retro) dos 06/04/14 Trigger Point Injection right side of Cervical Paraspinal Musculature:
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 request for retrospective date of service 06/04/2014 trigger point injection right side of cervical paraspinal musculature is not medically necessary. The injured worker had a history of back pain. The California MTUS Guidelines state the criteria for use of trigger point injections is the treatment of chronic low back pain or neck pain with myofascial pain syndromes when all of the criteria are met. Criteria include documentation of circumscribed

trigger points with evidence upon palpation of a twitch response as well as referred pain, symptom have persisted more than 3 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 examination imaging or neuro testing, 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 less than 2 months, and trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There is a lack of documentation of a twitch response. There is a lack of documentation of ongoing medical management therapies. There is a lack of documentation of evidence of functional improvement from prior injections. As such, the request is not medically necessary.