

Case Number:	CM14-0124802		
Date Assigned:	08/08/2014	Date of Injury:	09/14/1999
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine 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 patient is a 49 year old female who sustained an industrial injury on 9/14/1999. She underwent a cervical decompression and fusion at C5-C7 in 2007. She is also status post placement of spinal cord stimulator implant. A prior utilization review peer review performed on 7/16/2014 recommended approval of the request for trigger point injections to the cervical paraspinal musculature and taut muscle fibers (Qty: 2). The requests for Diclofenac ER and Omeprazole were denied. An 11/14/2013 operative report documents trigger point injections to the cervical region were administered under ultrasonic guidance. She returned for follow-up on 1/23/2014, reporting an increase in pain around the neck since her last visit. She feels the trigger point injections given at the last visit helped; however, she feels neck pain is worsening. She states neck pain radiates in the triceps bilaterally. Examination demonstrated tenderness and spasm in the upper trapezius muscles, guarded cervical range of motion (ROM) with pain, trace weakness of left finger extensors and intact sensory. Trigger point injections were again administered to two locations in the cervical paraspinal musculature, using 2 cc's of Marcaine, Decadron and Toradol injected to each area. The 3/7/2014 follow-up report documents the patient continues with complaints of chronic pain in the posterior neck with spasm. Examination disclosed significant trigger point at the base of the neck. A couple of trigger point injections were performed. Motor examination was normal, sensation intact and reflexes 0-1+, she had full ROM of all major joints of the upper extremities. She benefited from Gabapentin. According to the 6/10/2014 follow-up, the patient continues with chronic neck pain as well as numbness in the right hand at this time. She is in need of medication refill. Physical examination reveals tenderness and spasm in the cervical paraspinal musculature, very guarded active cervical ROM with pain at extremes, weakness in the biceps, triceps and finger extensors which may be due to shoulder and neck pain. She was provided trigger point injections to two areas in the

cervical paraspinal musculature that were again noted to be of spasm and taut muscle fibers. She was provided refill of diclofenac and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections cervical para-spinal musculature and taut muscle fibers: 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: According to the CA MTUS - Criteria for the use of Trigger point injections: "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The medical records demonstrate that the patient has routinely received trigger point injections to the cervical paraspinal musculature. There is no clinical evidence to support that she had obtained any objective functional improvement with prior injections. In addition, the documentation does not support that the patient has been utilizing ongoing active self-directed home exercise program of stretching and ROM exercises, as is recommended under the guidelines. The guidelines also recommend no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, which has not been established in the case of this patient. Furthermore, radiculopathy should not be present (by exam, imaging, or neuro-testing). Given these factors, the medical necessity for the requested trigger point injections has not been established as appropriate and medically indicated. The request is not medically necessary.