

Case Number:	CM14-0124842		
Date Assigned:	08/11/2014	Date of Injury:	05/22/2008
Decision Date:	09/25/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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 Occupational 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:

This is a 66-year-old female with a 5/22/08 date of injury, when she sustained cumulative trauma to the neck. The patient was seen on 1/27/14 with complaints of 4-10/10 pain in the left side of the neck and shoulder, extending to the left upper extremity with concurrent numbness and tingling through the dorsal hand, particularly at night. Exam findings of the cervical spine revealed limited left rotation to 45 degrees with diffuse cervical, trapezial and rhomboid tenderness and trigger points. Spurling's maneuver was negative bilaterally. The examination of the upper extremities was without normal limits. The motor strength was normal in all major muscle groups, sensation was intact to light touch and the reflexes were normal and symmetrical in both upper extremities. The diagnosis is left cervical radiculopathy, cervical strain/sprain. MRI of the cervical spine dated 9/28/11 (the radiology report was not available for the review) revealed: multilevel degenerative disc disease with significant disc osteophyte complex at C5-C6 causing moderate central canal stenosis and left greater than right foraminal narrowing; moderate left foraminal narrowing at C4-C5; degenerative disc disease at C4-C5 and C6-C7 without significant cord compression. Treatment to date: work restrictions and medications. An adverse determination was received on 7/17/14. The request for Trigger Point Injections was denied. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. The progress note dated 1/27/14 stated that the patient had cervical tenderness with trigger points, however the detailed examination was not provided. There was no evidence of a twitch response upon palpation and it is not clear if the patient failed other medical management therapies. In addition, the patient had documented symptoms of radiculopathy. Therefore, the request for Trigger Point Injections is not medically necessary.