

Case Number:	CM14-0130500		
Date Assigned:	08/20/2014	Date of Injury:	06/08/2012
Decision Date:	10/21/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 64-year-female, who reported an injury on 06/06/2012. The mechanism of injury was not provided. The injured worker's diagnoses included cervicalgia, cervical radiculopathy, cervical degenerative disc, low back pain, sciatica, lumbar degenerative disc disease, bulging disc, and spinal stenosis. The injured worker's past treatments included aquatic physical therapy, home exercises, and medications. The injured worker's diagnostic testing included an MRI report of the cervical spine and thoracic spine, performed on 10/24/2012, degenerative disc disease was revealed, with mild stenosis of the central spinal canal. An EMG test, performed on 10/24/2012, provided confirmation of right L4 and L5 radiculopathy. There were no relevant surgeries noted. On 07/18/2014, the injured worker reported constant aching pain in the bilateral aspects of the cervical spine with the pain and intermittent numbness and tingling radiating into the bilateral shoulders and bilateral upper extremities. The injured worker also reported constant aching pain in the bilateral aspects of the lumbar spine with pain and intermittent numbness and tingling radiating into the bilateral lower extremities. Upon physical examination, the injured worker was noted to have positive cervical facet joint test bilaterally. The injured worker was noted with decreased sensation to pinprick over the L4-5 and L5-S1 dermatome bilaterally. The muscle strengths of the right and left upper and lower extremities were noted as 4/5. There was a positive straight leg raise to the right. The injured worker's medications included Tylenol, lorazepam, and Lidoderm patches. The request was for ultrasound guided bilateral cervical trigger point injection. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided bilateral cervical trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

Decision rationale: The California MTUS Guidelines may recommend trigger point injections for myofascial pain syndrome only. It is not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch and responds to stimulus to the band. Trigger points may be present in up to 33% to 50% of adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. They are not recommended for typical back pain or neck pain. There must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms that have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants that have failed to control pain; radiculopathy that is not present by exam, imaging, or neuro testing. The injured worker was noted to have confirmed right L4 and L5 radiculopathy. The guidelines do not recommend trigger point injections for radicular pain. In the absence of documentation with evidence of myofascial pain syndrome, evidence that medical management therapy such as ongoing stretching exercises, physical therapy, medications have failed to control pain, and evidence of myofascial trigger points present on examination, the request is not supported. Additionally, trigger point injections are not recommended for radicular pain. Therefore, the request is not medically necessary.