

Case Number:	CM14-0136682		
Date Assigned:	09/03/2014	Date of Injury:	02/06/2014
Decision Date:	10/02/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/25/2014

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 Management 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 53-year-old female with a date of injury of 02/06/2014. The listed diagnoses per [REDACTED] are: 1. Epicondylitis, lateral. 2. Myofascial syndrome. 3. Cervical sprain. According to progress report 07/22/2014, the patient presents with pain in the right cervical paraspinal and trapezius muscles with some radiation down the right upper extremity with intermittent numbness and tingling affecting the right hand. Physical examination revealed trigger points in the right trapezius and decreased range of motion for the right shoulder and cervical spine in all planes. The provider is requesting trigger-point injections x4. Utilization review denied the request on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (TPI) x 4 to the right trapezius, rhomboid, paracervical muscles with 5cc 1% lidocaine under ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 214, Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with right cervical paraspinal and trapezius muscle pain with some radiation down the right upper extremity with intermittent numbness and tingling affecting the right hand. The provider is requesting 4 trigger-point injections to the right trapezius, rhomboid, paracervical muscles. The MTUS Guidelines page 112 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present. In this case, the provider noted on examination trigger points but there was no evidence of "twitch response" or taut bands as required by MTUS. Furthermore, the patient presents with radiating symptoms down the right upper extremity and MTUS recommends TPI when radiculopathy is not present. Recommendation is for denial.