

Case Number:	CM14-0137742		
Date Assigned:	09/05/2014	Date of Injury:	11/09/2012
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 46 year-old patient sustained an injury on 11/9/12 while employed by [REDACTED]. Request(s) under consideration include Trigger Point Injections. MRI of the cervical spine dated 7/16/13 showed multilevel disc desiccation at C2-3, C6-7, posterior bulge at C3-7 with spondylosis, mild neural foraminal narrowing. Report of 5/14/14 from the provider noted the patient with chronic neck pain rated at 7/10. Exam findings showed tender points with pain cervical spine pain radiating to left shoulder; decreased strength of 4+/5 with left elbow flexion and left wrist extension; and decreased sensation diffusely in left arm. Peer-review of 6/7/14 non-certified request for TPIs. Medications list Diclofenac, Cyclobenzaprine, Ketoprofen, Gabapentin, Lidocaine topical. Report of 7/11/14 from the provider noted patient with ongoing neck pain radiating to shoulders described as burning with weakness in arms and hands. Exam showed tender trapezius, referred taut band. Conservative care included physical therapy, electrical stimulation, medications, acupuncture, cervical epidural steroid injection, and modified activities/rest. Diagnoses included cervical disc degeneration with radiculitis/ facet arthropathy; myofascial pain in trapezius with trigger point; shoulder pain related to cervical spine; cervical spine strain; rheumatoid arthritis; insomnia; and anxiety. Treatment included neuropsych evaluation and TPIs. The request for Trigger Point Injections was non-certified on 8/5/14 citing guidelines criteria and lack of medical necessity.

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.

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

Decision rationale: There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include "documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs with radiating pain to shoulder which are medically contraindicated for TPI's criteria." The patient underwent previous cervical epidural steroid injection with good relief confirming the provider's diagnosis of cervical radiculopathy with clinical findings of neurological deficits in sensation and motor weakness of upper extremity. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger Point Injections are not medically necessary and appropriate