

Case Number:	CM14-0139455		
Date Assigned:	09/18/2014	Date of Injury:	06/22/2012
Decision Date:	12/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 Interventional Spine 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 67 year-old male with the date of injury of 06/22/2012. The patient presents with pain in his neck and shoulders, radiating down both of his hands with numbness. The 2 reports provided by [REDACTED] do not contain much information regarding the patient's conditions. The utilization review letter on 08/18/2014 indicates that the patient has decreased range of neck or shoulder motion, tenderness to palpation, decreased sensation in the bilateral ventral aspect of the thumb and first 2 digits, and positive bilateral Spurlings sign. The patient work full time with normal work hours and without work restrictions. According to [REDACTED] report on 08/05/2014, diagnostic impressions are; 1) Myofascial pain syndrome 2) Strain, Cervical spine, lumbar spine 3) Lumbosacral facet syndrome. The utilization review determination being challenged is dated on 08/18/2014. [REDACTED] is the requesting provider, and he provided 2 treatment reports from 07/22/2014 to 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections bilateral Trapezius, Thomboids and Paracervicals with ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger Point Injections (TPI)

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

Decision rationale: The patient presents with pain and muscle spasms his neck and shoulders. The request is for TPIs (trigger point injections) bilateral trapezius, rhomboids, and paracervicals with ultrasound. MTUS guidelines page 122 Recommend TPIs " 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. (Colorado, 2002) (BlueCross BlueShield, 2004)" In this case, the treater has asked for TPIs but does not indicate why TPIs are needed. There are no examination findings showing "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." Treatment is not medically necessary and appropriate.