

Case Number:	CM14-0161000		
Date Assigned:	10/06/2014	Date of Injury:	08/01/2012
Decision Date:	12/22/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 female with a date of injury of 08/01/2012. According to progress report dated 04/29/2014, this patient presents with neck and upper back pain. Objective findings noted "minimal tenderness in the right cervical paraspinal muscles and facets." The listed diagnosis is cervical spondylosis. Treatment plan was for patient to return to full-time work without restrictions and Terocin patches as needed. Report dated 03/18/2014, states the patient has improvement in the neck and upper back pain. Physical examination noted "pupils are equal and round." Minimal tenderness in the right trapezius and parascapular muscles. The medical file provided for my review includes these two progress reports. Utilization Review discusses a progress report from 09/09/2014, which was not provided for my review. It was noted the patient has occasional muscle tightness and muscle spasms noted. Examination revealed tenderness in the cervical facet joints, parascapular region, and the cervical paraspinal muscles. Trigger points were noted with deep palpation in the right cervical paraspinal muscles and recommendation for 2 trigger point injections was made. Utilization Review denied the request on 09/17/2014. Treatment reports, 03/18/2014 and 04/24/2014, were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections x 2: 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: This patient presents with neck and upper back pain. The current request is for trigger point injections times two. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 122 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, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, recommendation for trigger point injections cannot be supported as there is no evidence of "twitch response" or taut bands as required by MTUS. Furthermore, the patient has radiating symptoms and MTUS recommends TPIs when radiculopathy is not present. Treatment is not medically necessary an appropriate.