

Case Number:	CM14-0182037		
Date Assigned:	11/06/2014	Date of Injury:	03/17/2013
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 49-year-old male with a 3/17/13 date of injury. The mechanism of injury occurred when the patient was involved in a roll over motor vehicle accident. According to a progress report dated 10/9/14, the patient was seen for a follow-up following a cervical interlaminar epidural steroid injection. He noticed sudden palpitations and went to the emergency room. Objective findings: exquisitely tender myofascial trigger points noted in the cervical paraspinals as well as the periscapular muscles and trapezius, left greater than right; deep palpation causes a twitch response as well as causes radiation to go into the upper extremities, neck, and into the scapulae. Diagnostic impression; cervical spine degenerative disc disease, cervical spine myofascial pain, cervical spine dysfunction, cervical spine HNP/Bulge, cervical spine radiculopathy. Treatment to date included medication management, activity modification, ESI, surgery, and physical therapy. A UR decision dated 10/16/14 denied the request for cervical myofascial trigger point injection. Criteria for the use of trigger point injections include that no radiculopathy be associated with the patient's condition. This patient has been diagnosed with a radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Myofascial Trigger Point Injection x1 under conscious sedation: 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: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, in the present case, the patient has a diagnosis of cervical spine radiculopathy. In addition, radiation into the upper extremities, neck, and into the scapulae was noted on physical examination. Guidelines do not support trigger point injections in the presence of radiculopathy. Therefore, the request for Cervical Myofascial Trigger Point Injection x1 under conscious sedation is not medically necessary.