

Case Number:	CM14-0022123		
Date Assigned:	05/09/2014	Date of Injury:	03/02/2012
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery, 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 records presented for review indicate that this 34-year-old was injured on March 02, 2012. No specific mechanism of injury has been identified in the records presented for review. The current diagnosis is noted as myalgia (729.1) and spasm of muscle (728.85). A request for bilateral trigger point injections with ultrasound was not recommended on a prior utilization review. The physical examination noted this 5 foot, 112 pound individual to be in no acute distress. Previous treatment included Transcutaneous Electrical Nerve Stimulation (TENS) and narcotic medications. There is constant pain noted in the cervical spine with radiation into the upper extremity. The pain is rated 8/10. Imaging studies noted disc desiccation in several levels in the cervical spine. The employer continues to be a daily user of tobacco. The March, 2014 progress note indicates a diffuse tenderness throughout the cervical spine, the trapezius musculature and rhomboids. There is probable muscle spasm noted associated with a decrease in cervical spine range of motion. There is no evidence of any changes on electrodiagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRIGGER POINT INJECTIONS WITH ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

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

Decision rationale: These types of injections are recommended only for myofascial pain syndrome, and it is noted that there is a limited lasting value. These types of injections are not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Furthermore, there must be specific circumscribed myofascial points identified on physical examination and several are reported. However, when considering the date of injury, the diffuse tenderness throughout the cervical spine, bilateral shoulders and congruent areas; tempered by the interventions completed in the past, there is no clear clinical indication of any efficacy or utility with this process. The request for bilateral trigger point injections with ultrasound is not medically necessary or appropriate.