

Case Number:	CM14-0023321		
Date Assigned:	05/12/2014	Date of Injury:	06/04/2010
Decision Date:	08/04/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 is a 50 year-old female with a 6/4/10 date of injury. The patient was seen on a follow up exam on 2/5/14 after receiving a cervical epidural on a prior visit and had 65-75% pain relief. However she had ongoing complaints of pain between the shoulder blades, right greater than left. Exam findings revealed tender myofascial trigger points in the cervical paraspinals, periscapular muscles, and trapezius, worse on the right; deep palpation caused a twitch response with radiation to the upper extremities. The diagnosis is right C5 radiculopathy, cervical spine degenerative disease and myofascial pain. Treatment to date: medications, cervical epidural, physical therapy (2013) An adverse determination was received on 2/10/14 given the patient had complaints of radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED MYOFASCIAL TRIGGER POINT INJECTIONS X6 PER SESSION X2 SESSIONS (QTY: 12): 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: California Medical Treatment Utilization Schedule (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. This patient has been noted to have myofascial pain syndrome with neck spasms since 2010 and has tried multiple medications and therapies including benzodiazepines, physical therapy, and non-steroidal anti-inflammatory drug (NSAIDS). She had a recent epidural, which decreased her radicular pain. She does have physical findings compatible with trigger points. However, per MTUS no more than 3-4 areas at a time can be injected, and the request is for 6 points. In addition, the request is for two sessions and MTUS does not support repeat injection without evidence that the first set of injections greater than 50% pain relief has been obtained for six weeks following previous injections. Therefore, the request for Ultrasound guided myofascial trigger point injections times six per session times two sessions was not medically necessary.