

Case Number:	CM14-0029122		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2013
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female with a reported injury on 10/10/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/31/2014 reported that the injured worker complained of neck pain with stiffness and muscle spasms. The provided progress report was handwritten and partially illegible. The physical exam of the injured worker's cervical spine revealed pain to the right upper neck with decreased range of motion in all planes. The injured worker had active trigger points and muscle spasms per examination. It was reported the injured worker had positive shoulder impingement sign and decreased range of motion in all planes. The injured worker's diagnoses included status post fusion to the C3-4 region, and degenerative disc disease/osteomyelitis C5-6. The provider requested bilateral trigger point injections due to the injured worker's continued complained of muscle spasms, limited range of motion, and increased pain. The request for authorization was submitted on 03/06/2014. The injured worker's prior treatments include manual manipulation and physical therapy. The dates and amount of chiropractic and physical therapy sessions were not provided within the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: BILATERAL TRIGGER POINT UNDER ULTRASOUND GUIDANCE:

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: The request for bilateral trigger point injection under ultrasound guidance is not medically necessary. The injured worker complained of unchanged neck pain with stiffness and muscle spasms. The treating physician's rationale for trigger point injections was to increase the injured worker's range of motion and decrease her pain. The CA MTUS guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. 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. Not recommended for radicular pain. There is a lack of clinical documentation indicating a twitch response was evidence with palpation to trigger point. There is a lack of clinical information indicating that the injured worker has had persistent trigger point pain for greater than 3 months. There is a lack of clinical information indicating that the injured worker's pain was unresolved with physical therapy, exercises, and NSAIDs. Therefore, the request for bilateral trigger point injection under ultrasound guidance is not medically necessary.