MAXIMUS Federal Services

Case Number:	CM14-0031838		
Date Assigned:	04/18/2014	Date of Injury:	04/07/2011
Decision Date:	07/02/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female who had a work injury on 4/7/11 when she slipped and fell and hurt her right shoulder and left knee. Her diagnoses include cervicalgia and cervical disc displacement without myelopathy, history of rotator cuff repair in 7/2011.There is a request for trigger point injections with ultrasound right thoracic paravertebral. There is an office visit document dated 2/10/14 that states that the patient continues to complain of 4-6/10 pain over the right triceps with intermittent tingling into the right ring finger. She describes this as aching, burning, dull. She states that she has no weakness. On physical exam the paravertebral muscles tight muscle bands and trigger points (with twitch response obtained along with radiating pain on palpation is noted on the right side). A Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity. There is tenderness on the superior aspect of the right deltoid and supraclavicular fossa with decreased sensation on the right medial forearm and left pinky. Dynamic muscle testing with Jamar dynamometer revealed the right arm could generative 30kg of force and the left arm 26kg.The providing physician wrote on his treatment plan that the patient has ongoing right neck/shoulder pain with signs of cervical radiculopathy and history/physical consistent with thoracic outlet syndrome. He is recommending a follow up with a thoracic outlet specialist, a cervical MRI in light of the Spurling's response, trigger point injection to the thoracic paraspinal with ultrasound, and consider Botox to the scalene. Her medications include Ibuprofen, Flexeril, Naproxen and Omeprazole. There is a 2/5/14 electrodiagnostic study (NCS/EMG) which revealed a normal study in the bilateral upper extremities. A 9/30/13 QME supplemental report stated that neck and shoulder problems can be confusing to differentiate and agreed the cervical MRI and EMG were appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS WITH ULTRASOUND RIGHT THORACIC PARAVERTEBRALS: 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): 122-123.

Decision rationale: The request for trigger point injections with ultrasound to the right thoracic paravertebral is not medically necessary per the MTUS guidelines. The guidelines state that trigger point injections are only for Myofascial pain and should not be given if there is radiculopathy present by exam, imaging or neurotesting. The physical exam with Spurling's sign is suggestive of radicular symptoms. There is also concern for possible thoracic outlet syndrome. The treating physician recommended cervical imaging and electrodiagnostic testing. The patient's electrodiagnostic test was negative for radiculopathy (ventral root compromise) in the bilateral upper extremities. The cervical imaging is pending and the physical exam is suggestive of radiculitis. The request for trigger point injections with ultrasound to the right thoracic paravertebral in the setting of these physical exam findings is therefore not medically necessary.