

Case Number:	CM14-0034548		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2012
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 Alabama. 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 49 year old male who was injured on 12/5/13 when a patron punched him in the face. Prior treatment history included chiropractic therapy, ultrasound guidance trigger point injections which provides benefit for up to 6 weeks on, Naprosyn, omeprazole, Flexeril, and Neurontin. An MRI of the cervical spine dated 11/18/13 revealed C5-C6 paracentral protrusion measuring 4 mm, impinging on the cervical cord, and C6-C7 right paracentral discosteophyte complex 2.5 mm indenting the anterior cord surface. The progress report dated 2/19/14 states the patient complained of numbness of the left hand. He has increased pain in the left trapezius. He is taking his medications and participating in chiropractic therapy. He is also doing home exercises twice a week. On exam, he has positive left shoulder impingement and decreased range of motion of the left shoulder. He has positive trigger points and spasm. He is diagnosed with cervical spine strain and left rotator cuff syndrome. The treatment and plan included four trigger point injections of the left trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 4 trigger point injections, left trapezius per report dated 2/19/14: Overturned

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.

Decision rationale: The MTUS guidelines state that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The above criteria are met. As such, the request is medically necessary.

Ultrasound guidance per report dated 2/19/14: 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.

Decision rationale: The MTUS guidelines state that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all MTUS criteria are met. There is no discussion of a medical rationale for ultrasound guidance in this case. The criteria for trigger point injections do not include the necessity of ultrasound guidance. As such, the request is not medically necessary.