

Case Number:	CM14-0038171		
Date Assigned:	06/25/2014	Date of Injury:	07/30/2009
Decision Date:	08/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 who sustained a lifting injury on 07/30/09 with onset of pain affecting her neck, right shoulder and upper back. The injured worker was treated conservatively with chiropractic care, medications, and injections. Right shoulder decompression surgery was performed in March 2013. The injured worker was seen on 02/04/14. On physical examination, height is 5'8" and weight was 179 pounds. Gait is erect and independent. The injured worker had tenderness to palpation on the right myofascial spasm of the right cervical paraspinal muscles that starts at the top of her cervical spine and is flared all the way down to the mid back thoracic spine. The injured worker was started on Cymbalta and other medications (Celebrex, Robaxin, Norco) were continued. Trigger point injections x 8 to the right posterior deltoid and cervical paraspinal muscles were recommended, as well as therapeutic ultrasound. Office note dated 03/31/14 reported that the injured worker continues to complain of neck pain as well as headache and spreading to the right scapula. On examination there is tenderness to palpation to the right cervical facet joint line and paraspinals on the right. There also is tenderness to palpation over the right flank and scapular area. Range of motion is within functional limits. A new home exercise program was given and medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 122.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines trigger point injections are recommended only for myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, with symptoms that have persisted for more than 3 months, and failure of medical management therapies to include stretching exercises, physical therapy, NSAIDs and muscle relaxants. The clinical information provided for review does not clearly demonstrate circumscribed trigger points with a twitch response, nor is there evidence of persistent symptoms of more than 3 months and failure of conservative measures. As such, medical necessity is not established for trigger point injection.

Therapeutic ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 123.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend therapeutic ultrasound as the effectiveness of this treatment remains questionable. There is little evidence that this modality is more effective than placebo. Based on the clinical information provided, therapeutic ultrasound is not indicated as medically necessary.