

Case Number:	CM14-0039040		
Date Assigned:	06/27/2014	Date of Injury:	12/24/2009
Decision Date:	07/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 62 year-old female with a 12/24/2009 date of injury. Only one medical report was provided for this IMR. The 3/12/14 orthopedic report from [REDACTED], provides the diagnoses: cervical strain, spondylosis with 4-mm disc at C4/5 and 2-3mm disc at C5/6 with radiculitis in the upper extremities; paracervical and trapezial muscle spasms, positive trigger points in the C/C; strain of L/S with history of right leg radiculitis; history of bilateral CTS; right shoulder impingement syndrome. The physician's cervical exam did not identify trigger points, but the lumbar evaluation did. He provided trigger point injections to the cervical and lumbar regions. On 3/24/14, UR denied the trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 1 trigger point injection in the paracervical muscles of the cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, for trigger point injections, pg

122.

Decision rationale: The patient is a 62 year-old female with a 12/24/2009 date of injury. Only one medical report was provided for this IMR. The 3/12/14 orthopedic report from [REDACTED], provides the diagnoses: cervical strain, spondylosis with 4-mm disc at C4/5 and 2-3mm disc at C5/6 with radiculitis in the upper extremities; paracervical and trapezial muscle spasms, positive trigger points in the C/s; strain of L/S with history of right leg radiculitis; history of bilateral CTS; right shoulder impingement syndrome. The physician's cervical exam did not identify trigger points, but the lumbar evaluation did. He provided trigger point injections to the cervical and lumbar regions. On 3/24/14, UR denied the trigger point injections. This IMR is for the trigger point injections to the cervical spine. Limited information is available for this review. The single report, dated 3/12/14 provides a physical examination of the cervical spine, but did not show Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, which is one of the MTUS criteria for TPI. The MTUS guidelines for trigger points also states "Radiculopathy is not present (by exam, imaging, or neuro-testing" The available medical report shows a diagnosis of C5/6 radiculitis in the upper extremities. The request for trigger point injections for the cervical region is not in accordance with MTUS guidelines. Recommend non-certification.

Retrospective: 1 trigger point injection in the paravertebral muscles of the lumbar spine:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections Page(s): 122.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, for trigger point injections, pg 122.

Decision rationale: The patient is a 62 year-old female with a 12/24/2009 date of injury. Only one medical report was provided for this IMR. The 3/12/14 orthopedic report from [REDACTED], provides the diagnoses: cervical strain, spondylosis with 4-mm disc at C4/5 and 2-3mm disc at C5/6 with radiculitis in the upper extremities; paracervical and trapezial muscle spasms, positive trigger points in the C/s; strain of L/S with history of right leg radiculitis; history of bilateral CTS; right shoulder impingement syndrome. The physician's cervical exam did not identify trigger points, but the lumbar evaluation did. He provided trigger point injections to the cervical and lumbar regions. On 3/24/14, UR denied the trigger point injections. This IMR is for the trigger point injections to the lumbar spine. The medical report shows a lumbar examination that identified trigger points with positive twitch response. The diagnosis includes history of radiculitis, but there is no current findings of radiculitis or radiculopathy in the lumbar/lower extremities The request for trigger point injections for the lumbar region appears to be in accordance with MTUS guidelines. Recommend authorization.