MAXIMUS Federal Services

Case Number:	CM14-0040346		
Date Assigned:	06/27/2014	Date of Injury:	04/12/2002
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Rehabiliation 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 injured worker is 48-year-old-male suffered a fall out of the truck while at work on 4/12/2002. He complains of neck pain, arm pain with numbness and weakness in all four fingers on both sides, as well as the left shoulder pain. Cervical spine range of motion was mostly decreased with flexion and left rotation and there was slight tenderness to the para-cervical muscles with most pain in the trapezius muscles. There was tenderness over paracervical muscles. Spurling test was positive on the right. A nerve study was done on 1/13/2014 which demonstrated denervation consistent with right C6-7 radiculopathy. Magnetic Resonance Imaging (MRI) dated 7/24/2012 revealed mild degenerative disc disease at C5-6 with mild 1 mm broad posterior disc osteophytic ridging and bilateral uncovertebral joint arthrosis which would support his current symptoms. Medications: Hydrocodone, Zolpidern, Citalopram, Lorazepam., Ketoprofen, Abilify, Omeprazole dispensed. The patient was diagnosed with status post-rotator cuff repair of the right shoulder, right wrist pain with RSD, cervicalgia, and upper extremity radiculopathy. A request was made for 4 sessions of physical therapy with cervical traction and trigger point injections for trapezial pain, which was previously denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical trigger point injection: 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.

Decision rationale: Trigger point injections are recommended only for myofascial pain and have limited lasting value but are not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. In this case, there is no documentation of trigger point characteristics; taut band with twitch in response to stimulus. Furthermore, there is evidence of radicular pain. Therefore, the request is considered not medically necessary.