

Case Number:	CM14-0040827		
Date Assigned:	06/27/2014	Date of Injury:	03/04/2011
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 65-year-old male who reported an injury on 03/04/2011. The diagnoses included tear of meniscus, NEC, current. The mechanism of injury was a lifting injury. The injured worker underwent MRIs and x-rays. The mechanism of injury was the injured worker had performed repetitive lifting, bending, stooping, squatting, and kneeling. The documentation of 02/6/2014 revealed the injured worker had complaints of constant throbbing in his neck that radiated to the right shoulder. The injured worker complained of right shoulder stiffness and pain. The patient radiated down the arm and caused loss of grip. The physical examination revealed there was palpable tenderness over the paraspinal muscles of the cervical spine and muscle spasm over the paracervical muscles. There was tenderness to palpation over the anterior right shoulder and subscapular muscles. Cervical range of motion was decreased. The diagnoses included traumatic musculoligamentous strain of the cervical spine, cervical spondylosis with positive trigger points in the supraspinatus and trapezius muscles with history of radiculitis, rule out discogenic disease. The treatment plan included trigger point injections in the paravertebral muscles of the cervical spine on both sides of the trapezius muscles which provides symptomatic relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injection at the bilateral trapezius muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome. They are not recommended for radicular pain. The criteria for the use of triggerpoint injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. There should be documentation that symptoms have persisted for more than 3 months. There should be documentation medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS, and muscle relaxants have failed to control pain. Radiculopathy should not be present by examination. The clinical documentation submitted for review failed to meet the above criteria. The documentation indicated the injured worker had a positive axial compression test and the strength of the right shoulder in the supraspinatus and deltoid was noted to be decreased at 4+/5. There was lack of documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was a lack of documentation that symptoms have persisted for more than 3 months and that medical management therapies had failed. Given the above, the request for cervical triggerpoint injection at the bilateral trapezius muscles is not medically necessary.