

Case Number:	CM14-0042271		
Date Assigned:	07/23/2014	Date of Injury:	02/03/2011
Decision Date:	08/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and upper back pain reportedly associated with industrial injury of February 3, 2011. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation, earlier cervical spine surgery, unspecified amounts of physical therapy, acupuncture, yoga, opioid therapy; adjuvant medications; epidural steroid injection therapy; and an H-wave device. In a March 14, 2014 utilization review report, the claims administrator denied a request for trigger point injections while approving an orthopedic consultation. The claims administrator stated that the applicant did not have any palpable tender points, which would warrant trigger point injection therapy. It was not stated whether or not the applicant had had earlier trigger point injection therapy or not. The applicant's attorney subsequently appealed. On May 7, 2014, the applicant presented with persistent complaints of neck pain and heel pain. The applicant was using Morphine, Gabapentin, and Flexeril. The applicant was placed off of work, it was acknowledged. The applicant had a pending medical evaluation, it was noted. On May 28, 2014, it was stated that the applicant reported persistent complaints of back pain, neck pain, and sciatic nerve pain, 8/10. The applicant had a pending surgical consultation. The applicant had some spasticity/hypertonicity about the lumbar paraspinal muscles. The medications, yoga, and physical therapy were renewed. The applicant was placed off of work and was apparently deemed disabled. On May 6, 2014, the applicant's spine surgeon suggested that the applicant could consider lumbar spine surgery. On December 9, 2013, the applicant reported persistent complaints of neck pain radiating to the bilateral arms at least 20% of the time. The applicant also reported persistent complaints of low back pain, radiating to the bilateral legs, at least 10% of the time. The applicant is status post lumbar discectomy in 2012 and a cervical fusion surgery, also in 2012, it was acknowledged. Cervical and lumbar radiculopathy were given as

primary operating diagnoses. Trigger point injection therapy was endorsed for reported myofascial spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections, 4 Injections for Right upper Trapezius and Right upper T5,6 and 7: 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 topic Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended for radicular pain. In this case, the applicant has ongoing complaints of neck pain radiating to the bilateral arms and low back pain radiating to the bilateral legs. The applicant has undergone multiple surgical interventions involving the both the cervical and lumbar spines. The applicant has undergone an epidural steroid injection therapy involving the spine. Thus, the primary operating diagnoses as stated by several operating providers are cervical and lumbar radiculopathy. Trigger point injections are not an appropriate treatment for the same, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.