MAXIMUS Federal Services

Case Number:	CM14-0043609		
Date Assigned:	07/02/2014	Date of Injury:	10/19/2010
Decision Date:	07/31/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation 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 date of injury of 10/19/2010. According to this report, the patient complains of back, neck, and right shoulder pain. The patient continues to complain of right shoulder pain along with lower cervical pain. She rates her pain 4/10 to 5/10 with medications and 6/10 to 8/10 without medications. The patient's daily medication use includes amitriptyline, nabumetone, and Tylenol. She reports that her medications have provided her with functional improvement by increasing her mobility and sleep quality. The physical exam shows the patient is alert, cooperative. Spurling's is deferred due to recent fusion surgery. The utilization review denied the request on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections: 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 Trigger point injections Page(s): 122.

Decision rationale: This patient presents with back, neck, and right shoulder pain. The physician is requesting a cervical trigger point injection. The MTUS guidelines on trigger point injections page 122 states, Recommended only for myofascial pain syndrome as indicated below with limited lasting value. Not recommended for radicular pain. The criteria for use of trigger point injections include: Documentation of trigger points with evidence upon palpation; symptoms have persisted more than 3 months; medical management therapies have failed to control pain; radiculopathy is not present; not more than 3 to 4 injections per session; no repeat injections unless a greater than 50% relief is obtained for 6 weeks after injection, etc. The review of records do not show a report documenting prior trigger point injections. However, the UR referenced a progress report dated 03/18/2014 showing that the patient received 9 spots of trigger point injections along the right posterior neck, supraspinatus, infraspinatus, and the teres scapulae (Marcaine only). After these, the patient had marked relief in neck pain. Unfortunately, the report referenced in the UR letter was not made available for review. It appears that the physician went ahead and performed the injections before UR denied the request. Therefore, the request is for a retrospective decision for cervical trigger point injections in the cervical spine. In this case, the examination does not document trigger points as evidenced upon palpation, presence or absence of radiculopathy was also not documented and the number of injections were not specified. Given that the physician has failed to document the necessary requirements for a trigger point injection, the request for cervical trigger point injections is not medically necessary and appropriate.