MAXIMUS Federal Services

Case Number:	CM14-0050501		
Date Assigned:	06/25/2014	Date of Injury:	06/12/1996
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Rehabilitation and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/12/96 while working as an office manager. She tripped on a compressor hose landing on her back. She is not returned to work since. She is being treated for chronic right shoulder and multilevel spine pain. Treatments have included TENS, a lumbar support, physical therapy for over one year, and a right shoulder arthroscopy. Testing has included EMG/NCS in June 2002 showing findings of a cervical radiculopathy and borderline nerve conductions. MRI scans of the cervical and lumbar spine and x-rays of the cervical and lumbar spine were done on 01/24/14. In the cervical spine there was multilevel spondylosis with multilevel mild to severe foraminal narrowing and mild canal stenosis. X-rays showed mild subluxation at C3-4 which neutralized in the flexion view. In the lumbar spine there was multilevel spondylosis without neural compromise. X-rays were negative for instability and showed minimal spondylolisthesis. She was seen by the requesting provider on 02/10/14. She is right-hand dominant. She was having low back pain radiating into the lower extremities and cervical pain radiating into the upper extremities. There was moderate lumbar paraspinal muscle tenderness with mild spasm, moderate right buttock tenderness, and mild cervical paraspinal muscle tenderness. On 03/10/14 there had been an exacerbation of pain and she had a complaint of "myofascial pain" and dry mouth. She was having residual low back pain radiating into both lower extremities and was having cervical pain. Pain was rated at 5-6/10. Medications included oxycodone 15 mg every six hours as needed, gabapentin 600 mg every 12 hours as needed, Celebrex, and Lidoderm. Medications were providing adequate pain relief. Physical examination findings included lumbar spine paraspinal muscle tenderness with muscle spasms. There was bilateral shoulder tenderness. A handwritten notation that is not consistent with the handwriting in the rest of the assessment and appears to have been added to the original report references trigger points in the bilateral cervical, mid, and lower levels and medial and

inferior trapezius. Request was made for six trigger point injections to the cervical, thoracic, and lumbar regions. The medication to be injected, if any, was not specified. Medications were refilled. She was maintained at permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to cervical region: 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: The claimant is being treated for chronic multilevel spine pain with a work-related injury occurring more than 15 years ago. When seen by the requesting provider on 03/10/14, documentation appears to have been by two individuals at unknown times. An exacerbation of symptoms is referenced. Although there is reference to the presence of trigger points, there is no description of the presence of a twitch response or referred pain. Trigger points are not documented at the previous visit one month before. There is no evidence of medical management such as ongoing stretching exercises or planned trial of medications such as an anti inflammatory or muscle relaxant. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months, that medical management therapies have failed to control pain, and that radiculopathy is not present by examination, imaging, or neuro-testing. In this case, the presence of a twitch response with referred pain is not documented. The claimant's exacerbation appears to have occurred over the previous month and no other medical management had been tried. Imaging of the cervical spine and EMG/NCS testing of the upper extremities shows findings of cervical radiculopathy. Given the above the request is not medically necessary.

Trigger point injections to thoracic region: 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: The claimant is being treated for chronic multilevel spine pain with a work-related injury occurring more than 15 years ago. When seen by the requesting provider on 03/10/14, documentation appears to have been by two individuals at unknown times. An exacerbation of symptoms is referenced. Although there is reference to the presence of trigger points, there is no description of the presence of a twitch response or referred pain. Trigger points are not documented at the previous visit one month before. There is no evidence of

medical management such as ongoing stretching exercises or planned trial of medications such as an anti-inflammatory or muscle relaxant. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months, that medical management therapies have failed to control pain, and that radiculopathy is not present by examination, imaging, or neuro-testing. In this case, the presence of a twitch response with referred pain is not documented. The claimant's exacerbation appears to have occurred over the previous month and no other medical management had been tried. Given the above the request is not medically necessary.

Trigger point injections to lumbar region: 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: The claimant is being treated for chronic multilevel spine pain with a work-related injury occurring more than 15 years ago. When seen by the requesting provider on 03/10/14, documentation appears to have been by two individuals at unknown times. An exacerbation of symptoms is referenced. Although there is reference to the presence of trigger points, there is no description of the presence of a twitch response or referred pain. Trigger points are not documented at the previous visit one month before. There is no evidence of medical management such as ongoing stretching exercises or planned trial of medications such as an antiinflammatory or muscle relaxant.Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months, that medical management therapies have failed to control pain, and that radiculopathy is not present by examination, imaging, or neuro-testing.In this case, the presence of a twitch response with referred pain is not documented. The claimant's exacerbation appears to have occurred over the previous month and no other medical management had been tried. She was having radicular symptoms into the lower extremities consistent with radiculopathy.