

Case Number:	CM14-0050599		
Date Assigned:	07/09/2014	Date of Injury:	12/05/2011
Decision Date:	10/24/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Pain Management, 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 52 year old female with date of injury 12/5/11. The treating physician report dated 3/18/14 indicates that the patient presents with constant left shoulder pain into her left hand which increases with colder weather, cervical pain and left upper extremity paresthesia rated a 5-9/10. The physical examination findings reveal normal cervical ranges of motion, negative orthopedic testing, normal reflexes of the upper extremities, normal muscle strength testing of the upper extremities, tenderness to palpation of the cervical paraspinal muscles and non-tenderness of the upper extremities. The current diagnoses are: Cervical myofascial pain and Chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections to the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The patient presents with chronic pain affecting the left shoulder, cervical spine and left upper extremity. The current request is for 4 Trigger Point Injections to the Cervical Spine. The treating physician report dated 3/18/14 shows a normal examination except for some tenderness affecting the cervical spine. There is no documentation of the patient having any trigger points anywhere in the records provided. There is reference to an MRI finding of a disc bulge at C4/5 and C5/6 of 1-2 mm. The MTUS Guidelines recommend trigger point injections with a local anesthetic may for the treatment of chronic low back or neck pain with myofascial pain syndrome when all criteria are met. In this case the treater has not documented any twitch response or referred pain upon palpation. The MTUS criteria for trigger point injections state that there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Recommendation is for denial.