

Case Number:	CM14-0052372		
Date Assigned:	07/07/2014	Date of Injury:	06/06/2011
Decision Date:	12/19/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 an injury date of 06/06/11. Based on the progress report dated 03/21/14, the patient complains of neck pain, upper extremity pain, and headaches. The chronic deep ache in the cervical area radiated intermittently to the right upper back and shoulder. Severe pain causes the spasms to radiate in the posterior head to cause headaches. There is pain in the right upper trapezius through right upper extremity and forearm as well. The pain is rated at 4/10. The pain increases with activity and improves with rest. Physical examination reveals decreased cervical lordosis, tenderness to palpation in the right greater than left cervical paraspinal muscle, right upper trapezius, and right periscapular region. She is tender over the right inferior occiput. There is also decreased range of motion along all planes of the cervical plane. The patient underwent anterior cervical fusion to manage her condition, as per progress report dated 03/21/14. Her medications include Lyrica, Cymbalta, Ambien, ProliSec, Pepcid and Norco. She also benefited from the TENS unit and received epidural steroid injections, as per the same progress report. The report also states that the patient's intermittent occipital myalgia improved with trigger point injections. X-ray of the Right Shoulder, as per report dated 05/20/14: Small calcific density associated with greater tuberosity, possible related to calcific tendinitis. MRI of the Right Shoulder, as per report dated 06/10/14: Early degenerative osteophytes and mild spurring. Diagnosis, 03/21/14- Chronic pain syndrome- Cervical spinal stenosis- Myofascial pain syndrome- Intermittent Occipital myalgia- History of anterior cervical discectomy and fusion- Intermittent cervical radiculopathy- Depression and anxiety due to chronic pain and anxiety- Gastroesophageal reflux disease and constipation due to medications- Insomnia due to pain-related injury. The treating physician is requesting for TRIGGER POINT INJECTIONS AT 8 LOCATIONS WITH [REDACTED]. The utilization review determination

being challenged is dated 04/09/14. The rationale was "CA MTUS does recommends no more than 3-4 injections per session." Treatment reports were provided from 01/06/14 - 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections at 8 locations with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines state that trigger point injections with a local anesthetic Page(s): 122.

Decision rationale: The patient complains of neck pain, upper extremity pain, and headaches rated at 4/10. The chronic deep ache in the cervical area radiated intermittently to the occipital area, right greater than left along with pain in the right upper trapezius through right upper extremity and forearm. The request is for trigger point injections at 8 locations with [REDACTED]. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, the review of reports does not indicate the presence of circumscribed trigger points upon palpation. The patient has received pain medications, TENS unit and other forms of conservative therapy. The patient did not received trigger point injections, as per available progress reports before the utilization review denial letter date. However, the patient has been diagnosed with intermittent cervical radiculopathy, contrary to what is required by MTUS guidelines. Also, the request for 8 injections exceeds 3-4 injections per session recommended by the guidelines. The request is not medically necessary and appropriate.