

Case Number:	CM14-0054500		
Date Assigned:	07/07/2014	Date of Injury:	09/09/2012
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/23/2014

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 Pain 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 injured worker is a 34-year-old female who reported an injury on 09/09/2012 due to hitting her head. The injured worker's diagnoses were anxiety unspecified, post contusion syndrome, other chronic pain, spasms of the conjugate gaze, cervicgia, other syndromes that affect the cervical region. The past diagnostics were an MRI of the cervical spine dated 07/13/2013 which showed cervical spondylosis with 2 mm C5-6 broad-based disc bulge effacing anterior thecal sac, C6-7 and C7-T1 1 mm broad-based disc bulge effacing anterior thecal sac. The injured worker also had an EKG, a brain CT, a brain MRI, a nerve conduction velocity, electromyogram, and chest x-rays. The injured worker had an evaluation for physical therapy on 01/10/2014. There was no other physical therapy documentation submitted with paperwork for review. The injured worker's diagnostic workup was for posttraumatic brain injury protocol. The injured worker complained of headache, neck pain, stiffness, and being unbalanced and dizziness. On physical examination dated 03/05/2014, there were multiple trigger points noted at bilateral trapezius and cervical musculature and soft tissue with muscular twitch response. There was mild tenderness over the left scapular area, mild tenderness over the right supraspinatus. Flexion was mildly restricted and left lateral rotation was restricted. The injured worker's current medication were over-the-counter drugs of riboflavin and magnesium oxide for headaches and Salonpas for neck pain. The treatment plan was to increase the patient's ability to self-manage pain and related problems, to reduce pain intensity, to increase patient education on neck pain and head injuries. The request for treatment was an ultrasound guided trigger point injection to the bilateral cervical musculature. The rationale for the request was to allow for visualization of musculoskeletal, vascular, and neural structures in real time with dynamic evaluation, and to minimize risk and maximize benefit of the injection. Imaging with movement allows assess the abnormalities with

pain and provocation and imaging through full range of motion. The Request for Authorization form dated 03/06/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided Trigger Point Injections (TPIs) to the Bilateral cervical musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections; Criteria for the use of Trigger point injections.

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

Decision rationale: The request for Ultrasound-guided Trigger Point Injections (TPIs) to the bilateral cervical musculature is not medically necessary. The California MTUS states that trigger point injections are recommended only for myofascial pain syndrome as indicated, with limited lasting value. They are not recommended for radicular pain. Trigger point injections are not recommended for typical back pain or neck pain. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; that symptoms have persisted for more than 3 months; and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain must be documented. The injured worker's primary concern and chief complaint was headache, dizziness, and neck pain with stiffness. The physical examination revealed tenderness upon palpation. There was documentation on the most recent physical examination of circumscribed trigger points with evidence of twitch response. The injured worker was shown to have neck pain for more than 3 months and myofascial pain. However, details were not provided regarding conservative care, including the injured worker having any failed management therapies such as stretching exercise, physical therapies, muscle relaxants, or NSAIDs. Moreover, the documentation did not indicate the number of trigger point injections that were being requested. Therefore, in the absence of detail of conservative treatment, and a specific number of injections recommended, the request is not supported. Therefore, the request for Ultrasound-guided Trigger Point Injections (TPIs) to the bilateral cervical musculature is not medically necessary.