

Case Number:	CM14-0055820		
Date Assigned:	07/09/2014	Date of Injury:	09/26/2011
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on 9/26/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/7/2014, indicates that there are ongoing complaints of neck pain and upper back pain. The physical examination demonstrated cervical spine: limited range of motion, positive tenderness to palpation at the cervical paraspinal muscles along the facet joints. Multiple trigger points with twitch response were identified in the patient's upper back muscles. Muscle strength 5/5 throughout the upper left extremity and some giveaway weakness in the right upper extremity due to shoulder pain. Decreased range of motion in the right shoulder. Tenderness to palpation at the anterior shoulder. Positive Hawkins. No recent diagnostic studies are available for review. Previous treatment includes cervical radiofrequency ablation, medications, dry needling, a request had been made for trigger point injection for cervical region 1x3, and was not certified in the pre-authorization process on 3/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION FOR CERVICAL REGION 1X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122.

Decision rationale: CA MTUS treatment guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does provide sufficient clinical documentation of a twitch response, and failure to respond to conservative modalities, but it does not state if the trigger points have been present for greater than 3 months. Based on the most current information provided, this request does not meet all guideline criteria, therefore is not considered medically necessary.