

Case Number:	CM14-0057522		
Date Assigned:	07/09/2014	Date of Injury:	05/23/2010
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 injured worker is a 58-year-old male who was reportedly injured on March 23, 2010. The mechanism of injury is noted as straining the neck while running a machine. The most recent progress note dated April 10 2014, indicates that there are ongoing complaints of right sided neck pain and upper back pain. Current medications include Norco and Tizanidine. The physical examination demonstrated decreased cervical spine range of motion with tenderness over the posterior cervical paraspinal muscles as well as trigger points of the right upper trapezius and levator scapulae. There was decreased sensation to light touch in both thumbs and the lateral aspect of the right shoulder and upper arm. Diagnostic imaging studies of the cervical spine revealed a posterior fusion and laminectomy from C3-C7 with intact hardware. There was an anterolisthesis at C2-C3 and a retrolisthesis at C4-C5 and C5-C6. These were noted to be stable flexion and extension. Previous treatment includes a cervical spine epidural steroid injection at C6-C7, a laminectomy, and foraminotomy from C3-C7 followed by a subsequent cervical spine fusion. There was postoperative physical therapy performed. A request was made for two trigger point injections for the cervical spine which was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) trigger point injections for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criterion for trigger point injections includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Additionally, radiculopathy should not be present by examination. According to the note dated April 10, 2014, there is no documentation of trigger points having a twitch response with palpation and there is also a radiculopathy present on examination. For these reasons this request for two trigger point injections for the cervical spine is not medically necessary.