

Case Number:	CM14-0059921		
Date Assigned:	07/09/2014	Date of Injury:	10/17/1997
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational 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:

This is a 61-year-old female with a 10/17/97. The mechanism of injury occurred when she was restraining large potbelly pigs and developed neck pain, with radiation into the left upper extremity and weakness of the grip in her left hand. According to a 2/3/14 agreed medical evaluation report, she stated that she continues to have significant headaches and neck pain radiating to the shoulder and her arms with any upper body flexing and moving. Objective findings: diffuse tenderness in the cervical spine and typical cervical spine musculature tenderness extending down to T2, loss on the left side of grip strength consistent with the lateral epicondylar release and her neck symptoms, deep tendon reflexes at biceps, triceps, and brachioradialis were 2+ and symmetric, sensation to pinprick and light touch was normal. Diagnostic impression: cervical disc protrusion status post C5-6 anterior interbody fusion; lateral epidoncyllitis, status post operative epicondylectomy, left elbow. Treatment to date: medication management, activity modification, chiropractic treatment, ESI.A UR decision dated 3/31/14 denied the request for trigger point injection. Aside from tenderness, documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain was not reflected in the current examination to justify repeat trigger point injections at this juncture. Clarification is needed regarding the specific areas to be injected. Guidelines do not support more than 3 to 4 injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. It is documented that the patient has had trigger injections before, with her most recent injection on 1/13/14. It is noted that she had significant results of 2 to 3 months of over 50% efficacy. However, there is no documentation as to the area for the injection to be made. There is also no discussion as to the number of injections to be made per session. In addition, the patient had complaints of radicular pain neck pain that radiated to the shoulder and her arms. Furthermore, there was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the request for Trigger Point Injection was not medically necessary.