

Case Number:	CM14-0072495		
Date Assigned:	07/16/2014	Date of Injury:	10/17/1996
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Intervention 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 64-year-old female with a date of injury of 10/17/1996. The listed diagnoses are: 1. Degenerative disk disease, lumbar spine. 2. Post spinal headache. 3. General osteoarthritis involving multiple sites. According to progress report 03/07/2014, the patient presents with neck pain, headaches, and low back pain. She has had headaches for the past week. Her current medication is causing her "rebound headaches." She is having a difficult time functioning due to this. Percocet helps partially with her shoulder and low back pain. Examination of the lumbar spine revealed limited range of motion. Examination of the C-spine revealed range of motion is limited. There is tenderness in the occipital paracervical trapezius regions with trigger points. Treater is requesting "trigger point injection to the C-spine and trapezius." Utilization review denied the request on 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection-cervical spine and trapezius: 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 Trigger point injections Page(s): 122.

Decision rationale: This patient presents with neck and low back pain and headaches. The patient has tenderness over the occipital paracervical trapezius region with trigger points and the treater is requesting trigger point injection to the cervical spine and trapezius. Utilization review denied the request stating, "There is lack of clearly documented failure of conservative measure directed to the myofascial trigger points." The MTUS Guidelines page 112 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, on 03/07/2014, treater noted on trigger points on examination, but there was no evidence of "twitch response" or taut bands as required by MTUS. The request is not medically necessary.