

Case Number:	CM14-0076254		
Date Assigned:	07/16/2014	Date of Injury:	09/11/1992
Decision Date:	08/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/24/2014

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 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 65 years old female with an injury date on 09/11/1992. Based on the 03/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Low back pain. 2. Lumbar postlaminectomy syndrome. 3. Muscle spasm. According to this report, the patient complains of pain in the lower back which radiated all the way up into her neck. The patient has numbness and weakness in the hands. MRI of the cervical spine on 05/11/10 reveals disc degeneration, severe at C5-6 and moderately severe at C6-C7. Disc disorder at C5-6 and C6-7 create mild impressions on the anterior surface of the cervical spinal cord with a slight grade 1 anterolisthesis of C4 on C5. Neural foraminal stenosis is mild on the right at C3-4 and mild on the left at C4-5. There were no other significant findings noted on this report. [REDACTED] is requesting cervical trigger point. The utilization review denied the request on 04/23/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger points: 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 Trigger point injections, Criteria for the use of Trigger point injections.

Decision rationale: According to the 03/19/2014 report by [REDACTED] this patient presents with lower back which radiated all the way up into her neck. The treater is requesting cervical trigger point. The UR denial letter states "There are no identification of specific trigger points with a twitch response and no diagnosis of myofascial pain syndrome." Regarding trigger point injections, MTUS guidelines page 122 requires (1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). In this case, there was no documentation of trigger points with twitch response. However, the patient had foraminal stenosis at C3-4 and C4-5 level and radicular symptoms for which trigger point injections are not indicated. Recommendation is for denial.