

Case Number:	CM14-0083253		
Date Assigned:	07/21/2014	Date of Injury:	02/11/1994
Decision Date:	10/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 53 year old female who reported an injury on 02/11/1994 with an unknown mechanism of injury. The injured worker was diagnosed with chronic myofascial pain syndrome in the cervical and thoracic areas with cervical muscle guarding, cervical degenerative disc disease, bilateral cubital syndrome (right worse than left), and recurrent headaches. The injured worker was treated with medications. The medical records did not indicate diagnostic studies or a surgical history. On the clinical note dated 03/28/2014, the injured worker complained of increased irritability to the musculature. The injured worker had significant profound limitations of the cervical spine transitionally, muscle guarding and spasm in the cervical trapezial musculature, positive spurling's bilaterally with compression in a cephalocaudal manner. The medical records noted several trigger points in the trapezial musculature in the cervicothoracic junction in both regions. The medical records did not indicate what medications were prescribed. The treatment plan was for trigger point injections x6 cervical. The rationale for the request was not indicated. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x6 cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Criteria for the use of Trigger point injections Pag.

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

Decision rationale: The request for trigger point injections x6 cervical is not medically necessary. The injured worker is diagnosed with chronic myofascial pain syndrome in the cervical and thoracic areas with cervical muscle guarding, cervical degenerative disc disease, bilateral cubital syndrome (right worse than left), and recurrent headaches. The injured worker complains of increased irritability to the musculature. The California MTUS guidelines note trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and injured workers should have symptoms which have persisted for more than three months. There should be evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control the injured workers pain and radiculopathy must not be present (by exam, imaging, or neuro-testing). The guidelines recommend no more than 3-4 injections per session should be administered. There is a lack of documentation demonstrating the injured worker had a twitch response upon palpitation of the trigger points. The requesting physician did not provide evidence of a negative neurologic examination. There is a lack of documentation indicating the injured worker has failed a recent course of conservative care. Additionally, the guidelines recommend no more than 3-4 injections and the request is for 6. As such, the request for trigger point injections x6 cervical is not medically necessary.