

Case Number:	CM14-0084385		
Date Assigned:	07/25/2014	Date of Injury:	01/27/2011
Decision Date:	10/01/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 Illinois. 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 49 year old male who reported an injury on 01/27/2011 due to a twisting of his neck and right shoulder while loosening a valve. The injured worker was given a diagnosis of cervical spine radiculitis with myofasciitis. Past treatment included cervical spine traction, home exercises, H-wave stimulation, and physical therapy. Pertinent diagnostic studies and surgical history were not provided. The clinical note dated 04/15/2014 was handwritten and difficult to decipher. The legible information suggests that the injured worker's subjective complaints included improvement of his neck pain and he was still waiting for a neck injection. There was no pain scale rating noted, with or without mention of medication for pain. The pertinent objective data noted on physical exam findings included tenderness to palpation of the cervical spine paraspinal muscles with spasm. The treatment plan was for cervical spine trigger point injections, and continued home exercised with traction. A clear rationale was not given for the requested trigger point injections. The Request for Authorization form was submitted on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for the cervical spine trigger point injections is not medically necessary. Per the California MTUS Guidelines, trigger point injections may be recommended for the treatment of chronic low back pain or neck pain with myofascial pain syndrome when there is documentation showing positive trigger points with evidence upon palpation of a twitch response as well as referred pain. Additionally, documentation needs to show that symptoms have persisted for more than three months despite conservative treatment with stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. Moreover, radiculopathy should not be present on physical examination or imaging. The injured worker was noted to have chronic neck pain and myofasciitis and he was noted to have been treated with conservative care and to have persistent pain more than 3 months. He was noted to have a history of radiculitis; however, there was no documentation showing physical examination or diagnostic testing evidence of radiculopathy. However, the physical examination also failed to show evidence of a twitch response and referred pain with palpation. Therefore, despite evidence of persistent neck pain with myofascial components and the failure of conservative treatment, in the absence of clear physical examination findings suggestive of positive trigger points as specified by the guidelines, the criteria have not been met. As such, the request is not medically necessary.