

Case Number:	CM14-0138090		
Date Assigned:	09/05/2014	Date of Injury:	07/28/2008
Decision Date:	12/16/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

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 64 year old female who sustained an industrial injury 07-28-08. A review of the medical records reveals the injured worker is undergoing treatment for cervical degenerative disc disease with annular tear and right upper extremity radiculopathy, right shoulder impingement with decreased range of motion, right carpal tunnel syndrome, and right lumbar spondylosis with finding consistent with facet arthropathy. Medical records (07-18-14) reveal the injured worker complains of cervical pain radiating to the right upper extremity, rated at 7/10. The physical exam (07-18-14) reveals painful cervical and lumbar spine range of motion, and pain with palpation over the right cervical facets and lumbar facet loading, as well as myofascial trigger points in the clerical paraspinal muscles bilaterally, with twitch response. The right shoulder also reveals tenderness to palpation with "mild" pain over the acromioclavicular joint. Also noted is painful range of motion and myofascial trigger points. Prior treatment includes naproxen and omeprazole. The original utilization review (08-04-14) non-certified the requests for 4 cervical paraspinal trigger point injections under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Cervical Paraspinous Trigger Point Injections into the Periscapular, Levator Scapular, Trapezius, Rhomboids and cervical Paraspinous Muscles Under Ultrasound Guidance as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: With regard to trigger point injections, the MTUS CPMTG states: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review contain documentation of circumscribed trigger points in the cervical paraspinous muscles bilaterally, right greater than left, with twitch response and referral of pain. However, the request for four injections is not appropriate OR medically necessary, as the criteria for repeat injections relies on documentation of greater than 50% pain relief for six weeks after an injection with documentation of functional improvement.