

Case Number:	CM14-0190285		
Date Assigned:	11/21/2014	Date of Injury:	03/02/2009
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 03/08/2009 while working as a secretary. She was in the kitchen throwing trash away when she slipped and fell injuring her neck and shoulder. The injured worker had diagnoses of bilateral cervical strain, bilateral cervical facet syndrome and myofascial pain syndrome. Diagnostics were not provided. Medications included topical cream, gabapentin and muscle relaxants. A review of the physical examination dated 10/29/2014, revealed the cervical spine with a range of motion of flexion with 50 degrees and extension of 60 degrees. Tenderness on palpation to the bilateral paracervical muscles. Tenderness was noted at the bilateral trapezius muscles. There was tenderness to the bilateral rhomboid muscle. There were muscle spasms and trigger points in the bilateral paracervical, trapezium, and rhomboid muscle area. No sensation to light touch of the bilateral deltoids, biceps, triceps and ventral and dorsal aspects of the hands. Strength was within normal limits to the upper extremities. The injured worker had a negative Spurling's sign bilaterally; negative Tinel's sign at the bilateral wrist, negative Tinel's at the bilateral ulnar grooves, positive bilateral cervical facet maneuvers. Prior treatments included medication, physical therapy, bundle branch block at the cervical region and prior trigger point injections. Treatment plan included trigger point injections times 4 with 5 cc of 1% of lidocaine under ultrasound cervical spine. The request for authorization for authorization dated 11/21/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection x 4 with 5cc of 1% Lidocaine under Ultrasound Cervical Spine:
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 Page(s): 122.

Decision rationale: The request for Trigger Point Injection x 4 with 5cc of 1% Lidocaine under Ultrasound Cervical Spine is not medically necessary. The California MTUS guidelines recommend lumbar trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value, and it is not recommended for radicular pain. There is a lack of evidence within the documentation that medical management therapies had failed. The documentation indicated that the injured worker was performing home exercise therapy and that the injured worker is taking her medication. The documentation indicated that the injured worker had a prior trigger point injections; however, the documentation did not indicate a functional measurement that the injured worker achieved. Additionally, the trigger point injections are not recommended for typical back or neck pain. Therefore, the request for Trigger Point Injection is not medically necessary.