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| Case Number: | CM14-0197794 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 06/20/1992 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Rehab and is licensed to practice in Texas. 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 66-year-old female who reported an injury on 06/20/1992 due to an unspecified mechanism of injury. Her diagnoses include spondylosis allied disorders and interstitial myositis. Her past treatments included acupuncture, radiofrequency injections, and medications. Documentation regarding her pertinent diagnostic studies and pertinent surgical history was not provided for review. On 10/08/2014, the injured worker complained of chronic cervical pain rated 8/10. The physical examination of the cervical spine revealed tenderness to palpation at the C3-4 level and at the paraspinal. The documentation indicated there was no evidence of radicular symptoms; however, there was indication of right cervical facet arthropathy. Her deep tendon reflexes in the upper extremities and lower extremities were noted to be normal bilaterally and normal motor strength with decreased sensation. Her current medications include lidocaine 5% patch, KTGCAC topical cream compound, DFGL topical compound cream, Voltaren 1% gel, and Naprosyn 550 mg. The treatment plan included a cervical trigger point injection. A rationale was not provided. The Request for Authorization form was submitted on 10/20/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections, number of injections not specified, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the California MTUS Guidelines, trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. Furthermore, the guidelines state it is not recommended for radicular pain. The guideline criteria for the use of trigger point injections include: documentation of circumscribed trigger points with evidence of a twitch response upon palpation, as well as referred pain; symptoms that have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present on examination or with diagnostic testing. The injured worker is noted to have chronic neck pain; however, myofascial pain syndrome was not documented. Furthermore, the documentation failed to provide evidence in regard to a twitch response upon palpation with referred pain or to have failed medical management therapy such as stretching exercises, physical therapy, NSAIDs, and muscle relaxants to control pain. In the absence of the required documentation to indicate myofascial pain syndrome; a twitch response upon palpation; failed medical managements with ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants to control pain, the request is not supported by the evidence based guidelines. In addition, the request fails to specify the cervical level for the procedure. As such, the request is not medically necessary.