

Case Number:	CM14-0059614		
Date Assigned:	07/09/2014	Date of Injury:	05/11/2009
Decision Date:	04/07/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 35 year old, female patient, who sustained an industrial injury on 05/11/2009. A primary treating office visit dated 04/03/2014 reported subjective complaint of neck and bilateral shoulder/trapezius pain with spasm. She is currently prescribed the following medications; Synthroid, Relafen, Voltaren gel, Prilosec, Medrox, Lidoderm patch, Rophaxin, Ibuprophen, Artificial tears, Lorazepam, Thermacare patch and Hydrocodone/APAP 5/325MG. Objective findings showed range of motion to neck and bilateral upper extremities limited with trigger points. The following assessment were made; cervical dsicopathy with radiculitis; degeneration of cervical disc; joint pain, shoulder and neck pain. A request was made for trigger point injections to be given at cervical paraspinal and trapezius musculature. On, 04/14/2014, Utilization Review non-certified the request, noting the CA MTUS, Chronic Pain Guidelines, Trigger Point Injections, Page 122 was cited. On 04/30/2014, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injection cervical paraspinal and trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing to be eligible for trigger point injections. The treating physician indicates radiculopathy in the C-spine is present on numerous treatment notes. As such, the request for 1 Trigger point injection cervical paraspinal and trapezius is not medically necessary.