

Case Number:	CM14-0064141		
Date Assigned:	07/11/2014	Date of Injury:	09/07/2000
Decision Date:	01/05/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 61 year old male who sustained an industrial injury on 09/07/2000. His diagnoses included cervicalgia, postlaminectomy syndrome and cervical radiculopathy. The clinical note from 03/04/14 was reviewed. His medications included Clonidine, Effexor XR, Protonix, Topamax, Trazodone, Albuterol, Subutex and Simvastatin. No clinical examination was available. The utilization review letter had a summary of a visit note. The examination findings were noted to be poor posture with left shoulder higher than the right. He was noted to have spasm in the left trapezius and more importantly a trigger point in the levator scapulae and trapezius region on the right side. He was reported to have had successful trigger point injections in the past. The request was for trigger point injection of scapula and trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection scapula: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The employee was a 61 year old male who sustained an industrial injury on 09/07/2000. His diagnoses included cervicalgia, postlaminectomy syndrome and cervical radiculopathy. The clinical note from 03/04/14 was reviewed. His medications included Clonidine, Effexor XR, Protonix, Topamax, Trazodone, Albuterol, Subutex and Simvastatin. No clinical examination was available. The utilization review letter had a summary of a visit note. The examination findings were noted to be poor posture with left shoulder higher than the right. He was noted to have spasm in the left trapezius and more importantly a trigger point in the levator scapulae and trapezius region on the right side. He was reported to have had successful trigger point injections in the past. The request was for trigger point injection of scapula and trapezius. According to MTUS, Chronic Pain Medical Treatment guidelines, trigger point injections may be recommended for low back or neck pain with myofascial pain syndrome when there is documentation of trigger points with twitch response on palpation, symptoms persistent for longer than three months, failure to improve with conservative measures, absence of radiculopathy, no more than 3-4 injections per session and no repeat injections unless a greater than 50% pain relief for six weeks. The employee had spasm and trigger point in the levator scapulae and trapezius on right side. There was documentation about successful trigger point injections in past. But there was no documentation on when the previous injections were given and how helpful they were in eliminating the pain. In the absence of further information on improvement with prior injections, the guideline criteria for repeat trigger point injections are not met. The request for trigger point injections of scapula and trapezius is not medically necessary or appropriate.

Trigger Point Injection Trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The employee was a 61 year old male who sustained an industrial injury on 09/07/2000. His diagnoses included cervicalgia, postlaminectomy syndrome and cervical radiculopathy. The clinical note from 03/04/14 was reviewed. His medications included Clonidine, Effexor XR, Protonix, Topamax, Trazodone, Albuterol, Subutex and Simvastatin. No clinical examination was available. The utilization review letter had a summary of a visit note. The examination findings were noted to be poor posture with left shoulder higher than the right. He was noted to have spasm in the left trapezius and more importantly a trigger point in the levator scapulae and trapezius region on the right side. He was reported to have had successful trigger point injections in the past. The request was for trigger point injection of scapula and trapezius. According to MTUS, Chronic Pain Medical Treatment guidelines, trigger point injections may be recommended for low back or neck pain with myofascial pain syndrome when there is documentation of trigger points with twitch response on palpation, symptoms persistent for longer than three months, failure to improve with conservative measures, absence of radiculopathy, no more than 3-4 injections per session and no repeat injections unless a greater than 50% pain relief for six weeks. The employee had spasm and trigger point in the levator scapulae and trapezius on right side. There was documentation about successful trigger point

injections in past. But there was no documentation on when the previous injections were given and how helpful they were in eliminating the pain. In the absence of further information on improvement with prior injections, the guideline criteria for repeat trigger point injections are not met. The request for trigger point injections of scapula and trapezius is not medically necessary or appropriate.