

Case Number:	CM14-0065773		
Date Assigned:	07/11/2014	Date of Injury:	09/20/1996
Decision Date:	01/23/2015	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/08/2014

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 California. 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 54-year-old male who reported an injury on 09/20/1996 due to while working at [REDACTED], repetitively having to lift doors. The diagnoses included a right C5 radiculopathy (chronic); thoracic kyphosis; cervical myofascial pain syndrome with trigger points noted; chronic neck pain; cervical facet pain bilaterally at the C4, C5, and C6; and right carpal tunnel syndrome. On 02/19/2014, the injured worker presented with cervical pain. The diagnostics were not provided. The physical examination revealed alert and oriented times 3 and in no acute distress; tenderness to palpation in the cervical paraspinal muscles with trigger points noted in the upper trapezius and rhomboid muscles; and decreased sensation to light touch in the right medial forearm. Motor strength was at 4/5 on the right side. Prior treatments included 6 visits of physical therapy. Medications included Norco 5/325 mg and Ambien 5 mg. No VAS was provided. The treatment plan included injections to the tendon sheath/ligament. The Request for Authorization dated 07/11/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJ tendon sheath/ligament: 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 INJ tendon sheath/ligament 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. 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 (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. The documentation provided stated that the injured worker had 6 sessions of physical therapy. Per the physical therapy notes, the injured worker had improved by 50% in reduction of his pain and was requesting an additional 8 sessions of physical therapy. Additionally, the clinical notes stated that the injured worker was currently taking Norco; however, there were no functional pain measurements provided or efficacy of the medication. Additionally, the request was not specific to location or frequency of the injections. Therefore, the request for INJ tendon sheath/ligament is not medically necessary.