

Case Number:	CM15-0008523		
Date Assigned:	01/26/2015	Date of Injury:	06/01/2002
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on June 1, 2002. The diagnoses have included cervical spondylolisthesis at C4-5, cervicgia with left C4-5 facet arthropathy, cervical myofascial pain, chronic strain of the superior trapezius, levator scapula and rhomboids, bilateral epicondylosis, and bilateral medial epicondylosis. Treatment to date has included medication, home exercise program, physical therapy, occupational hand therapy, carpal tunnel brace, cervical epidural and chiropractic therapy. Currently, the injured worker complains of left sided neck pain. She had palpable guarding with well-circumscribed trigger point in the cervical paraspinals, upper trapezius and levator scapulae muscles. There was a twitch response with referred pain down to the shoulder with palpation. On January 6, 2015 Utilization Review non-certified a trigger point injections to the cervical paraspinals, levator scapulae and superior trapezius muscles, noting that there was no evidence of objective positive patient response to previous trigger point injections. The California Medical Treatment Utilization Schedule was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of trigger point injections to the cervical paraspinals, levator scapulae and superior trapezius muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections cervical paraspinals, levator scapulae & superior trapezius muscles, qty: 1: 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: With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: 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 (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. (Colorado, 2002) (BlueCross BlueShield, 2004.)" The documentation submitted for review indicates that the injured worker was treated with trigger point injections in the past. However, there was no documentation of greater than 50% pain relief for six weeks. As the criteria is not met, the request is not medically necessary.