

Case Number:	CM15-0136825		
Date Assigned:	07/24/2015	Date of Injury:	07/13/2004
Decision Date:	08/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old female, who sustained an industrial injury on 7/13/04. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc degeneration; lumbar/lumbosacral disc degeneration; cervical spondylosis; postlaminectomy syndrome cervical; tenosynovitis hand/wrist NEC; carpal tunnel syndrome. Treatment to date has included Botox injection (9/19/13); trigger point injection (5/11/15); medications. Diagnostics studies included EMG/NCV study bilateral upper extremities (5/6/15). Currently, the PR-2 notes dated 2/3/15 noted that indicated the injured worker complains of moderate frequent cervical pain. The cervical facet blocks at C5-C6 and C6-7 have been approved. She complains of poor sleep. The provider reports the injured worker has improved after a Botox injection on 9/19/13. The Botox injection relieved her pain and increased function. Her medications are listed as Norco, Gabapentin, Prilosec and Xanax. On physical examination, the provider notes a well healed anterior surgical scar consistent with prior surgery. The cervical spine is 1+ tender to palpation with less spasm on this day. She is tender to palpation over the right trapezius and central paraspinal with spasms appreciated. Her neurological examination notes a 4+ patella reflex bilaterally and 3+ Achilles reflex bilaterally. A CT scan of the cervical spine is documented dated 9/11/14 revealing a prior anterior discectomies and fusion at C3-C7 with satisfactory postoperative appearance of intact hardware and alignment. There is a mild degree of congenital spinal canal stenosis at these levels. Moderate degenerative changes are noted at C7-T1 with minimal C7-T1 anterolisthesis. There is moderate left foraminal stenosis at this level that may potentially compressing exiting left C8 nerve root. C3-4 uncovertebral hypertrophy

causes moderate left foraminal stenosis potentially compressing the exiting left C4 nerve root. An EMG/NCV study of the bilateral upper extremities on 5/6/15 was normal with no evidence of carpal tunnel syndrome, ulnar neuropathy or radial neuropathy. The provider is requesting authorization of Retrospective outpatient trigger point injection to right trapezius for date of service 5/11/15. The PR-2 notes for date of service 5/11/15 were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective outpatient trigger point injection to right 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 Injection Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The CPMTG provides this definition: "A 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." Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.