

Case Number:	CM15-0138865		
Date Assigned:	07/28/2015	Date of Injury:	03/14/2013
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

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 35-year-old male, who sustained an industrial injury on March 14, 2013. Treatment to date has included medications, modified work duties, occipital nerve block, and cervical epidural steroid injection. Currently, the injured worker complains of neck pain. He describes the neck pain as constant, aching, burning pain located on both sides of his neck. He rates the pain a 7-8 on a 10-point scale and notes that he has radiation of pain into the upper back and arms. He describes the radiation of pain as aching, burning and spasm pain. On physical examination, the injured worker has tender myofascial trigger points in the cervical paraspinal and periscapular muscles. Spurling sign is weakly positive and deep tendon reflexes are diminished in the bilateral upper extremities. His strength is diminished in the C5-C6 distribution. The diagnoses associated with the request include cervical radiculopathy, cervical degenerative disc disease and cervical myofascial pain. The treatment plan includes continuation of Norco, and intermittent epidural steroid injection and myofascial trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial trigger point injections quantity 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for neck pain. In April 2015, he had trigger points in the cervical paraspinal and periscapular muscles and left greater than right trapezius with twitch response and referred pain that reproduced his daily symptoms. Trigger point injections with ultrasound was planned. In June 2015 there had been a more than 75% degree of pain relief after both trigger point injections and an epidural steroid injection allowing the claimant to return to work and remain functional. A repeat cervical epidural injection was recommended. When seen by the primary treating provider, there was upper cervical tenderness with good range of motion. He was having ongoing mild to severe had pain. Being requested is authorization for repeat trigger point injections with ultrasound guidance. In terms of a repeat trigger point injection, criteria include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the duration of pain relief from the previous trigger point injections is not documented and whether the trigger point injections or cervical epidural steroid injection provided pain relief is unknown. The request is therefore not medically necessary.

Ultrasound guidance for injection quantity 1. 00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for neck pain. In April 2015, he had trigger points in the cervical paraspinal and periscapular muscles and left greater than right trapezius with twitch response and referred pain that reproduced his daily symptoms. Trigger point injections with ultrasound was planned. In June 2015 there had been a more than 75% degree of pain relief after both trigger point injections and an epidural steroid injection allowing the claimant to return to work and remain functional. A repeat cervical epidural injection was recommended. When seen by the primary treating provider, there was upper cervical tenderness with good range of motion. He was having ongoing mild to severe had pain. Being requested is authorization for repeat trigger point injections with ultrasound guidance. In terms of a repeat trigger point injection, criteria include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the duration of pain relief from the previous trigger point injections is not documented and whether the trigger point injections or cervical epidural steroid injection provided pain relief is unknown. The request for repeat trigger point injections is not medically necessary and therefore the requested ultrasound guidance is also not medically necessary.

