MAXIMUS Federal Services

Case Number:	CM15-0140689		
Date Assigned:	07/30/2015	Date of Injury:	12/06/2013
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 50 year old male, who sustained an industrial injury on 12-06-2013. He has reported injury to the head, neck, and mid back. The diagnoses have included closed head injury; cervical strain; cervicalgia; cervical spondylosis; left shoulder sprain with possible labral tear-rotator cuff tear; thoracic sprain; lumbar sprain; and post-traumatic migraines. Treatment to date has included medications, diagnostics, activity modification, trigger point injections, bilateral C3 and C4 radiofrequency ablation, physical therapy, and home exercise program. Medications have included Celebrex, Gabapentin, Baclofen, Frova, Pristiq, Cyclobenzaprine, Orphenadrine, and Omeprazole. A progress note from the treating physician, dated 06-10-2014, documented a follow-up visit with the injured worker. The injured worker reported ongoing neck and thoracic back pain; pain is rated at 5 out of 10 on the pain scale; he is still having tightness at the base of the skull; headaches; pain in the right shoulder; and he has had 50% pain relief with radiofrequency ablation done in April. Objective findings included in no apparent distress; tight muscle band and trigger point is noted on both the sides of the cervical paravertebral muscles on examination; positive facet loading at C3 and C4; and he is still having spasms. The treatment plan has included the request for cervical trigger point injection with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of trigger point injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Trigger Point Injections.

Decision rationale: The patient presents on 06/10/15 with cervical and thoracic spine pain rated 5/10. The patient's date of injury is 12/06/13. Patient is status post bilateral C3-C4 radiofrequency ablation in April 2015. The request is for CERVICAL TRIGGER POINT INJECTION WITH ULTRASOUND GUIDANCE. The RFA was not provided. Physical examination of the cervical spine dated 06/10/15 reveals a tight muscle band and trigger points with twitch response and radiating pain on palpation, bilaterally. The patient is currently prescribed Gabapentin, Omeprazole, and Orphenadrine. Diagnostic imaging included CT of the cervical spine dated 12/06/13, significant findings include: "no bony canal or neural foraminal stenosis noted... disc space narrowing with osteophytes at C7-T1." Patient's current work status is not provided. ODG Pain chapter, under Trigger Point Injections, has the following: "Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality... Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of 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..." In regard to the request for cervical trigger point injections, ultrasound guidance exceeds guideline recommendations. Progress note dated 06/10/15 satisfies ODG criteria for such injections, as it includes adequate documentation of circumscribed trigger points, twitch response with referred pain, and symptoms lasting longer than 3 months. However, it is unclear why the provider is requesting ultrasound guidance, as it is generally not recommended for this procedure. Were this procedure to be performed without ultrasound the recommendation would be for approval, however the requested ultrasound guidance is excessive and cannot be medically substantiated. Therefore, the request IS NOT medically necessary.