

Case Number:	CM15-0149022		
Date Assigned:	08/12/2015	Date of Injury:	03/22/2000
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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, Hawaii
 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 70 year old male who sustained a work related injury March 22, 2000. Past history included a lumbar laminectomy. According to a secondary treating physician's progress report, dated June 25, 2015, the injured worker presented with ongoing neck and low back pain which extends into his extremities. He reports his current medication controls his pain level allowing him to function and his back brace helps as well. He has received trigger point injections to the left trapezius and levator scapula which improved his discomfort for several months. The last trigger point injections were greater than six months ago. Physical examination of the cervical spine revealed; palpable trigger point activity in the left paracervical and trapezium region, cervical compression causes axial pain and does not radiate into the upper extremity, suboccipital headache with palpation into the region especially on the right. Low back examination revealed; chronic myofascial trigger points with jump response, no muscle spasm, and range of motion forward flexion to approximately 45 degrees painful, extension is difficult to return to an upright position and then is limited to 15 degrees. Current medication included Norco, Lexapro, Flexeril, and Xanax. Diagnoses are post-laminectomy lumbar, kyphosis; lumbar foraminal stenosis L2-3, L3-4, L4-5, L5-S1; cervical spondylitic stenosis C4-5, C5-6, and C6-7; cervicothoracic myofascial pain; lumbar myofascial pain syndrome. Treatment plan included continuing with medication and a urine drug screen performed. At issue, is the request for authorization for a trigger point injection to the left trapezium and levator regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injection to left trapezium and levator scapular region: Overturned

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 injections Page(s): 122.

Decision rationale: The patient presents with pain affecting the neck and lower back which radiates into the bilateral extremities. The current request is for 1 trigger point injection to left trapezium and levator scapular region. The treating physician states in the report dated 6/25/15, "Request authorization to proceed with trigger point injection to the left trapezium and levator scapular region". (21B) The MTUS guidelines state: "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". In this case, the treating physician has documented the patient is having evidence of circumscribed trigger point with evidence upon palpation of a twitch response with referred pain. The current request is medically necessary.