

Case Number:	CM15-0149726		
Date Assigned:	08/12/2015	Date of Injury:	05/05/1999
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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 70 year old female with an industrial injury dated 05-05-1999. Her diagnoses included lumbar 5 - sacral 1 radiculopathy, cervical 6 radiculopathy and muscle spasm. Prior treatment included chiropractic treatments, medications, trigger point injections and diagnostics. She presents on 07-07-2015 with increased left shoulder pain, low back pain radiating down her lower extremities and neck pain radiating to her right shoulder. With medications her pain levels range from 3 on a good day to 6 on a bad day on a scale of 0-10. Urine drug screen done at her last visit showed no evidence of any illicit substances. Physical exam noted cervical paraspinal muscles were tight and multiple trigger points were palpated more on the right than on the left. Trigger points were palpated on the trapezius muscles and rhomboids muscles as well as the posterior scalene and levator scapulae muscle. Range of motion of the cervical spine and right shoulder were limited. The treatment plan included pain medication, regular exercise program, medications and trigger point injections. The treatment request is for trigger point injections (TPIs) to cervical paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (TPIs) to cervical paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 47 of 127.

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

Decision rationale: The claimant has a remote history of a work injury occurring May 1999 and continues to be treated for radiating neck and low back pain. When seen, there was cervical paraspinal muscle tightness. There were multiple trigger points involving the cervical paraspinal, trapezius, rhomboid, and posterior scalene and levator scapular muscles. There was decreased and painful cervical spine and right shoulder range of motion. There was decreased right upper extremity sensation. Authorization for injection of multiple trigger points is being requested. Trigger point injections were previously performed in March 2015. In follow-up approximately 6 weeks later, although the assessment references pain relief following the injections, she had pain rated at 3-6/10 which was unchanged from when the injections were performed. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented. 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. The claimant had no change in pain levels six weeks after the previous injections that were performed. The request is not medically necessary.