

Case Number:	CM15-0168500		
Date Assigned:	09/09/2015	Date of Injury:	04/01/1997
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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 53 year old male who sustained an industrial injury on 04-01-1997. Diagnoses include spinal enthesopathy, chronic pain syndrome, brachial neuritis or radiculitis and chronic pain due to trauma. Physician progress notes from 05-14-2015 to 07-16-2015 documents the injured worker has pain in the right neck, shoulder and hand, which he rates as a 6 on a scale of 1 to 10. On examination of the cervical spine, there was tenderness and spasms at the paraspinal and trapezius. Cervical spine range of motion is restricted, and axial traction test is positive with some decreased pain. His right upper shoulder has trigger points at midpoint of the upper border of the trapezius and in the supraspinatus muscle above the medial border of the scapular spine. There is tenderness to palpation, and there is full range of motion. Overall, the injured worker claims that his degree of overall pain is similar with previous visits. Sleep pattern and quality seem worse since the last appointment. Treatment to date has included diagnostic studies, chiropractic sessions, acupuncture, physical therapy pain management, and medications. A urine drug screen done was "consistent". Medications include Percocet, Fiorinal with Codeine, Skelaxin and Flexor and Lidoderm patches with good pain relief. He has tried Nortriptyline and Amitriptyline with no relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection qty: 3.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, p122 Page(s): 122.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1997 and continues to be treated for right neck, shoulder, and hand pain. When seen, pain was rated at 6/10. Physical examination findings included a BMI of nearly 30. There was decreased cervical spine range of motion and increased pain with axial traction. There were trigger points at the interspaces between the C5-C7 transverse processes, suboccipital muscle insertions, and right medial scapular border and midpoint of the upper trapezius. There was moderate tenderness and mild pain with range of motion. Authorization for a trigger point injection procedure with ultrasound guidance to the cervical and trapezius muscles bilaterally was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, although there is reference to the presence of trigger points, the presence of a twitch response with a description of a referred pain pattern is not documented. Trigger point injections are not considered medically necessary.