

Case Number:	CM15-0180390		
Date Assigned:	09/22/2015	Date of Injury:	07/09/2003
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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 69 year old female, who sustained an industrial injury on 07-09-2003. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, cervical post laminectomy syndrome, degeneration of lumbar intervertebral disc, and shoulder joint pain. Treatment and diagnostics to date has included cervical fusion, trigger point injection, and use of medications. Current medications include Baclofen, Diazepam, Hydrocodone-Acetaminophen, Lyrica, Methadone, Nitrofurantoin, Omeprazole, Voltaren gel, and Zolpidem. In a progress note dated 08-14-2015, the injured worker reported having "more pain" especially in neck, left greater than right arm, and deltoid area and physician noted that "TPI (trigger point injection) of the neck did not help". Objective findings included pain with cervical range of motion, tenderness of the paracervical muscles, trapezius, and rhomboid with trapezius trigger point pain, and decreased right sided C6, C7, and C8 sensation. The Utilization Review with a decision date of 09-01-2015 non-certified the request for trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The patient presents on 08/14/15 with neck pain which radiates into the bilateral upper extremities (left greater than right). The patient's date of injury is 07/09/03. Patient is status post cervical fusion surgeries in 2007 and 2008. The request is for trigger point injection. The RFA was not provided. Physical examination dated 08/14/15 reveals tenderness to palpation of the cervical paraspinal musculature, trapezius, and rhomboids, with pain elicitation upon active cervical motion and "trapezius trigger point pain." Neurological examination reveals decreased sensation in the C6, C7, and C8 dermatomal distributions on the right side. The patient is currently prescribed Baclofen, Bromday, Diazepam, Norco, Lyrica, Methadone, Zolpidem, Omeprazole, and Nitrofurantoin monohydrate. Patient's current work status is not provided. MTUS Guidelines, Trigger Point Injections, page 122 states that "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; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In regard to the trigger point injections, the patient does not meet guideline criteria. Per progress note 08/14/15, the provider states that a previously performed TPI "did not help" and in discussion notes states that "Patient is having pain in the deltoid area, most likely due to trigger point cause by the cervical degenerative disc disease." Procedure notes from this progress report, documenting the performed injections states: "Trigger point injection: Muscle Group: left pectoralis minor insertion into humerus, right bicipital groove." Were the provider to include statements regarding twitch response and referred pain, the recommendation would be for approval. However, without appropriate documentation of the criteria for trigger point injections as required by ODG, the request cannot be substantiated. The request is not medically necessary.