

Case Number:	CM15-0183511		
Date Assigned:	09/24/2015	Date of Injury:	10/12/2007
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This is a 40-year-old female with a date of industrial injury 10-12-2007. The medical records indicated the injured worker (IW) was treated for cervicgia; cervical facet joint syndrome; thoracic spine pain; right subscapular pain; left shoulder pain. She reported (8-10-15 notes) 80% pain relief, functional gain and activities of daily living improvement after seven sessions of chiropractic care, but increasing tightness in the cervical and thoracic spine. In the 8-31-15 progress notes, the IW reported intermittent sharp pain in the bilateral cervical spine rated 6 to 7 out of 10 and increased frequency of tension headaches. She switched from Ibuprofen to Excedrin due to gastrointestinal issues; she was also using Lidoderm and Flector patches, Voltaren gel and compounded topical cream. Objective findings on 8-10-15 and 8-31-15 included tenderness and tightness over the bilateral trapezius muscles and the bilateral cervical paraspinal muscles, worse on the left. Active cervical range of motion was "improved". Multiple trigger points were palpated over the trapezius and rhomboid area, bilaterally. Thoracic range of motion was "limited" and the thoracic paraspinals were less tender. The IW was working full time without restrictions. Treatments included stretching (helpful), TENS unit (helpful), chiropractic therapy (very helpful) and Myoblock injections (65% pain relief and functional gain; last injection 2-26-15). A Request for Authorization dated 8-31-15 was received for diagnostic and therapeutic in-office ultrasound guided rhomboid and trapezius trigger point injection bilaterally; and in-office Myoblock 5000 units/ml injection at bilateral trapezius and levator scapulae. The Utilization Review on 9-3-15 non-certified the request for in-office ultrasound guided rhomboid and trapezius trigger point injection bilaterally; and in-office Myoblock 5000 units/ml injection at bilateral trapezius and levator scapulae.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic and Therapeutic in Office Ultrasound Guided Rhomboid and Trapezius Trigger Point Injection Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with pain in the cervical spine. The request is for Diagnostic and Therapeutic in Office Ultrasound Guided Rhomboid and Trapezius Trigger Point Injection Bilaterally. Physical examination to the cervical spine on 06/22/15 revealed tenderness to palpation over the paracervical muscles, and over the trapezius muscles, along with multiple trigger points. Patient's treatments have included medication, chiropractic care, TENS unit, and Botox injections, with benefit. Per 09/14/15 Request for Authorization form, patient's diagnosis includes cervicgia, cervical facet joint syndrome, right scapular pain, and thoracic spine pain. Patient's medications, per 08/10/15 progress report include NSAIDs, Lidoderm Patch, Flector Patch, and Voltaren Gel. Patient's work status is regular duties. MTUS Chronic Pain Medical Treatment Guidelines, page 122, Trigger Point Injection section has the following: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004)" In progress report dated 08/31/15, the treater is re-requesting diagnostic and therapeutic ultrasound guided trapezius and rhomboid trigger point injection bilaterally for pain relief and functional gain. Review of the medical records provided did not indicate prior trigger point injections. The patient continues with pain in the cervical spine and the treater states that there are multiple trigger points on examination. However, there is no description of a localized twitch response nor palpable taut band is reported. MTUS guidelines do not recommend trigger point injections for typical neck pain without these findings on examination. Furthermore, there is no support for the use of ultrasound for neither diagnostic nor therapeutic injections of trigger points. The request is not medically necessary.

In-Office Myoblock 5000 Units/MI Injection at Bilateral Trapezius and Levator Scapulae:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: The patient presents with pain in the cervical spine. The request is for In-Office Myoblock 5000 Units/MI Injection at Bilateral Trapezius and Levator Scapulae. Physical examination to the cervical spine on 06/22/15 revealed tenderness to palpation over the paracervical muscles, and over the trapezius muscles, along with multiple trigger points. Patient's treatments have included medication, chiropractic care, TENS unit, and Botox injections, with benefit. Per 09/14/15 Request for Authorization form, patient's diagnosis includes cervicalgia, cervical facet joint syndrome, right scapular pain, and thoracic spine pain. Patient's medications, per 08/10/15 progress report include NSAIDs, Lidoderm Patch, Flector Patch, and Voltaren Gel. Patient's work status is regular duties. MTUS Guidelines, pages 25-26, Chronic Pain Medical Treatment Guidelines: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. In progress report dated 08/31/15, the treater states that the patient reports increased frequency in tension headaches. Review of the medical records provided indicate that the patient had a myoblock injection for trapezius and levator scapulae on 02/26/15 Botox injections with 80% relief. However, MTUS does not support Botox injections for tension headaches, neck pain, or myofascial pain. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request is not medically necessary.