

Case Number:	CM15-0187882		
Date Assigned:	09/29/2015	Date of Injury:	06/03/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 52 year old female, who sustained an industrial injury on 6-3-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc displacement, cervicobrachial syndrome, cervical spondylosis, and cervical disc degeneration. On 8-21-2015, the injured worker reported neck pain, upper back pain, and shooting pain down the arms. The Treating Physician's report dated 8-21-2015, noted the injured worker with radiating pain from the neck to the shoulders and down the arms to the hands, rating her pain as 8 out of 10 before the "procedure," 2-3 out of 10 after the "procedure," 1 out of 10 at rest, and 7 out of 10 during activity with 90% relief noted in the first 24 hours of the "procedure" with the injured worker seeing an improvement in daily activities. The Physician did not identify the name of the procedure; however, on 7-21-2015, the injured worker received cervical interlaminar epidural steroid injection (ESI) per the procedure note. The injured worker's medications were listed as Estrogel, hydrocodone-acetaminophen, Synthroid, carisoprodol, and gabapentin. The musculoskeletal exam was noted to show "no new changes from a strength, sensation gait, and deep tendon reflex standpoint." The physician noted the injured worker was feeling extremely well immediately after the epidural with some of her symptoms starting to return with some muscle spasms in her upper back that were bothering her. Prior treatments have included muscle relaxants, narcotics, electric stimulation, and physical therapy, just concluded in April 2015, massage therapy, hot packs, and traction, all of which were noted to have helped her. The injured worker was noted to have thyroid removal and thyroid radiation for thyroid cancer. The injured worker was noted to have some emerging myofascial pain with the physician

offering to schedule her for trigger point injections, however the injured worker was noted to want to wait, with instructions for increasing the gabapentin. The physician noted the injured worker would have follow up in 1-2 months at which time they would consider repeating the epidural, increasing the gabapentin, and performing trigger point injections. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker had bilateral epidural injections at the cervical region with good results for about a month with all numbness and tingling and discomfort in both arms disappearing, but they had gradually come back. The injured worker was noted to have been retired. An 8-26-2015 electrodiagnostic study noted delay median sensory and motor distal latencies bilaterally, absent left flexor carpi radialis H reflex, normal on the right, with remaining upper extremity nerve conduction study (NCS) normal, and normal right upper limb and normal right cervical paraspinal muscle needle examination. The request for authorization dated 8-21-2015, requested ultrasound guided myofascial trigger point injections (up to six injections). The Utilization Review (UR) dated 9-9-2015, non-certified the request for ultrasound guided myofascial trigger point injections (up to six injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided myofascial trigger point injections (up to six injections): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Trigger point injections (TPIs).

Decision rationale: According to the cited CA MTUS guideline, trigger point injections are recommended for myofascial pain syndrome, but not for use in radicular pain. There are multiple criteria for the use of trigger point injections, to include the documentation of the trigger points with evidence upon palpation of twitch response with referred pain, symptom present for greater than three months, no radiculopathy, and no more than 3-4 injections per session. Concerning this injured worker, the treating physician had noted tender myofascial trigger points in the cervical paraspinal and periscapular muscles on previous notes; however, she is also being treated for radicular neuropathy of the cervical spine. Based on the radicular findings, no recent defined trigger points, and the request for greater than 3-4 injections, the documentation does not clearly meet criteria per the MTUS. Therefore, the request for ultrasound guided myofascial trigger point injections (up to six injections) is not medically necessary.