

Case Number:	CM15-0189792		
Date Assigned:	10/01/2015	Date of Injury:	09/04/2012
Decision Date:	11/12/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 64 year old female, who sustained an industrial-work injury on 9-4-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, cervical spondylosis, shoulder impingement, and rotator cuff syndrome. Medical records dated (1-12-15 to 9-10-15) indicate that the injured worker complains of persistent neck and upper extremity pain that is worsening with intermittent sharp pain on range of motion and associated tingling sensation. The pain has been rated 6 out of 10 on the pain scale and has been unchanged. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 9-10-15 the injured worker has not returned to work. The physical exam dated from (1-12-15 to 9-10-15) reveals that there is tenderness to palpation, decreased neck and shoulder range of motion, there is mild non pitting edema of the right forearm, and PSM spasms. The physician indicates that he recommends trigger point injections right side of neck due to spasms. Treatment to date has included pain medication, cold packs, right shoulder surgery September 2013, physical therapy, transcutaneous electrical nerve stimulation (TENS), trigger point injections, work modifications and other modalities. The request for authorization date was 9-10-15 and requested service included Retro: Trigger point injections bilateral cervical paraspinal muscles on 9-10-15 Qty: 4.00. The original Utilization review dated 9-25-15 non-certified the request for Retro: Trigger point injections bilateral cervical paraspinal muscles on 9-10-15 Qty: 4.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Trigger point injections bilateral cervical paraspinal muscles on 9/10/15 Qty: 4.00:
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 current request is for retro: trigger point injections bilateral cervical paraspinal muscles on 9/10/15 qty: 4.00. The RFA is dated 09/10/15. Treatment to date has included pain medication, cold packs, right shoulder surgery September 2013, carpal tunnel release 2013, physical therapy, transcutaneous electrical nerve stimulation (TENS), trigger point injections, work modifications and other modalities. 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)" Per report 09/10/15, the patient presents with chronic shoulder and neck pain, with tingling sensation on the left hand. Examination findings revealed decreased range of motion of the neck and shoulder, positive Tinel's sign, mild non pitting edema of the right forearm, and PSM spasms. Plan of care included trigger point injections to the right side of the neck due to spasms. The treater state that prior TPI have decreased pain and increased function. This patient has a diagnosis of cervical radiculitis and presents with numbness and tingling in the hand. MTUS does not recommend TPI's for patients with radicular pain. Furthermore, there are no statements regarding twitch response, taut band and referred pain as required by MTUS. Without appropriate documentation of the criteria for trigger point injections, the request cannot be supported. Therefore, the request is not medically necessary.