MAXIMUS Federal Services

Case Number:	CM15-0192017		
Date Assigned:	10/06/2015	Date of Injury:	07/10/2013
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: North Carolina
Certification(s)/Specialty: 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 47 year old female with a date of injury on 07-10-2013. The injured worker is undergoing treatment for cervicogenic headache, cervical radiculopathy-left C6 per Electromyography and Nerve Conduction Velocity, cervical disc disease, thoracic degenerative disc disease status post contusion, bilateral shoulder sprain-strain, bilateral shoulder tendinitis, bilateral shoulder impingement, bilateral trapezius sprain-strain greater on the left, myofascial pain syndrome, status post left shoulder contusion, and left ulnar neuropathy. She has complains of sleep disturbance and depression. A Physician progress notes dated 06-16-2015 and 07-01-2015 documents she has continued pain in her upper back that radiates down to the left arm and sometimes feels the pain radiates to her left chest area. Her persistent headaches disappeared with use of the cervical traction trial. Previous treatment with cervical epidural injection did not help. A physician progress note dated 09-16-2015 documents the injured worker has continued complaints of pain in her bilateral shoulder and neck. She rated her pain as 7 out of 10 especially in her left shoulder. She received an injection in her left shoulder on 09-01-2015 and it has helped significantly with her pain. She received a cervical injection on 09-09-2015, which did not help her pain. Neck pain was associated with numbness and tingling down the left arm to the left third to fifth digit. She has some left arm weakness and drops things. On examination, she has bilateral cervical paraspinal and upper trapezius tenderness with twitch response on palpation. Treatment to date has included diagnostic studies, medications, shoulder injections, use of a Transcutaneous Electrical Nerve Stimulation unit, heat, acupuncture, a cervical epidural injection, physical therapy, home exercises, and work restrictions. Current medications include

topical Lidopro, Cyclobenzaprine, Gabapentin, Escitalopram, Omeprazole and Tylenol. Right shoulder Magnetic Resonance Imaging done 08-17-2015 revealed moderately severe supraspinatus-infraspinatus tendinosis, with no visible tear. Magnetic Resonance Imaging of the left shoulder done on 08-14-2015 showed moderate supraspinatus and mild infraspinatus tendinosis, no rotator cuff tear visible, mild degeneration of the superior labrum and biceps tendon origin, mild acromioclavicular joint arthrosis and minimal hypertrophy with slight mass effect on the supraspinatus muscle. A thoracic Magnetic Resonance Imaging done on 08-03-2015 showed minimal degenerative disc disease in the mid thoracic spine. No neural foraminal or central canal stenosis, L1-L2 partial disc desiccation and right paracentral 3mm disc protrusion without canal stenosis or obvious nerve impingement. An unofficial Magnetic Resonance Imaging (not dated) of the cervical spine showed slight compression. She is not working. On 09-24-2015 Utilization Review non-certified the request for Trigger point injection for cervical paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for cervical paraspinals: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

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

Decision rationale: 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. (Colorado, 2002) (BlueCross BlueShield, 2004) The provided clinical documentation fails to show circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, criteria have not been met and the request is not medically necessary.