

Case Number:	CM15-0192565		
Date Assigned:	10/09/2015	Date of Injury:	03/02/2007
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 with an industrial injury date of 03-02-2007. Medical record review indicates she is being treated for advanced cervical disc disease, status post cervical fusion at cervical 4-5, cervical 5-6 and fusion at cervical 6-7 with residual symptoms, myofascial pain syndrome and soft tissue ankyloses, left shoulder ankyloses due to trapezius myofascial tension and upper thoracic myofascial tension due to reactive muscle spasm from failed cervical fusion and radiculopathic numbness and pain. The treatment note (08-11-2015) notes the injured worker is having neuralgia in her neck and migraine headaches. The injured worker had stopped taking Gabapentin due to vertigo. The treating physician indicated the injured worker would restart Gabapentin. The treating physician noted the injured worker's activities of daily living "are still limited by the severity of her chronic pain, but continue to improve with her current treatment." Current medications included Gabapentin and Norco. Prior treatment included medications. Objective findings (08-11-2015) noted neck remained anteriorly protracted and flexed in a static position when sitting or standing. "Tenderness to palpation and to vibration was once again provoked with a 128 Hz tuning fork." Spurling's remained positive bilaterally. The cervico thoracic junction exhibited significant tenderness to palpation. The request for Trigger Point Injection for neck and shoulder muscle (levator scapula, trapezius, and rhomboid muscles), 3 6-8 weeks for 18-24 weeks was non-certified by utilization review on 09-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection for neck and shoulder muscle (levator scapula, trapezius, and rhomboid muscles), 3 6-8 weeks for 18-24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, 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 this case, the medical records do not establish documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, the injured worker is noted to have radiculopathy. The request for trigger point injections is therefore not supported by the MTUS guidelines. The request for trigger point injection for neck and shoulder muscle (levator scapula, trapezius, and rhomboid muscles), 3 6-8 weeks for 18-24 weeks is not medically necessary and appropriate.