MAXIMUS Federal Services

Case Number:	CM15-0203398		
Date Assigned:	10/20/2015	Date of Injury:	08/27/2014
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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 56-year-old female, with a reported date of injury of 08-27-2014. The diagnoses include neck sprain and strain, wrist sprain and strain, myofascial pain syndrome, neck pain, and cervical spondylosis. The medical report dated 09-22-2015 indicates that the injured worker complained of neck pain, bilateral wrist pain, and right shoulder pain. The neck pain was associated with pain, numbness, tingling, and weakness in the right arm. She rated her neck pain 7 out of 10. On 05-26-2015, the injured worker rated her neck pain 8 out of 10. The physical examination showed normal cervical spine range of motion; painful tilting and twisting of the neck to the left; tenderness of the cervical paraspinal; trigger points of the bilateral trapezius; positive right facet loading; and normal sensation in the bilateral upper extremities. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 02-19-2015 with normal findings; and an MRI of the cervical spine on 03-03-2015, which showed moderate multilevel degenerative disc disease and multilevel bilateral neural foraminal narrowing. Treatments and evaluation to date have included chiropractic treatment, Ibuprofen, Tramadol (tried), Flexeril (tried), and physical therapy. The request for authorization was dated 09-23-2015. The treating physician requested one trigger point injection to the trapezius and rhomboid muscle. On 10-09-2015, Utilization Review (UR) non-certified the request for one trigger point injection to the trapezius and rhomboid muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection to trapezius and rhomboid muscle (right vs left bilateral not specified): Upheld

Claims Administrator guideline: Decision based on MTUS 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: Based on the 9/22/15 progress report provided by the treating physician, this patient presents with constant, dull, achy neck pain, bilateral wrist pain, and right shoulder pain, radiating into her right arm with numbness/tingling/weakness rated 7/10. The treater has asked for 1 TRIGGER POINT INJECTION TO TRAPEZIUS AND RHOMBOID MUSCLE (RIGHT VS LEFT BILATERAL NOT SPECIFIED) on 9/22/15. The request for authorization was not included in provided reports. The patient states that activities of daily living such as dressing herself are painful and difficult per 9/22/15 report. The patient is s/p physical therapy and aquatic therapy with minimal improvement, TENS with minimal improvement, chiropractic treatment with significant but only temporary improvement per 9/22/15 report. The patient has not yet had any surgeries, acupuncture, massage, or injections per 9/22/15 report. The patient's cervical range of motion is 80% of normal per 8/20/15 report. The patient has "no evidence of radiculopathy or peripheral nerve compression on EMG/NCV testing" per 8/20/15 report. The patient is currently on work restrictions per 7/8/15 report. MTUS Guidelines, Trigger Point Injections section, page 122 states: 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. Review of the reports show the patient no evidence of prior trigger point injections. The patient has a diagnosis of myofascial pain syndrome with ongoing cervical pain and upper extremity radicular symptoms. MTUS recommends trigger point injections only for myofascial pain syndrome and not for radicular pain. Utilization review letter dated 10/9/15 denies request as radicular symptoms are present, and no documentation noting circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, 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.