

Case Number:	CM15-0206730		
Date Assigned:	10/23/2015	Date of Injury:	02/10/1999
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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 61 year old female, who sustained an industrial injury on 2-10-1999. The injured worker is undergoing treatment for: cervicalgia, cervicocranial syndrome, thoracic spine pain, and cervical myofasciitis. On 9-10-15, she reported increased neck pain and indicated she had visited the ER on 8-30-15. Objective findings revealed a slow gait, neck with tenderness, cervical straightening, decreased cervical spine range of motion, and negative Spurling's maneuver bilaterally. Trigger point injections were administered on this date. On 9-16-15, she reported neck pain with radiation into the bilateral upper extremities. She rated her pain 9 out of 10. She also reported pain to the shoulder, upper back, and arm and indicated her pain as having reduced her activity. Objective findings revealed the neck to have restricted range of motion and with muscle spasms and tenderness, noted weakness in the neck and arms related to the neck pain, and positive cervical compression testing. The treatment and diagnostic testing to date has included: medication, MRI of the cervical spine (8-23-13), electrodiagnostic studies (10-24-1999), and trigger point injections (9-10-15). Medications have included: Norco, Ativan, and Cymbalta. Current work status: restricted. The request for authorization is for: Trigger point injections. The UR dated 9-24-2015: non-certified the request for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections: 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 9/10/15 progress report provided by the treating physician, this patient presents with neck pain radiating from neck down left arm, rated 8/10 with medications and 9/10 without medications. The treater has asked for trigger point injections on 9/10/15. The request for authorization was not included in provided reports. The patient does not report any change in location of pain, but states that her neck pain over cervical joints is increasing, as well as increased muscular spasm per 9/10/15 report. The patient is s/p a visit to the emergency room on 8/30/15 due to increased pain per 9/10/15 report. The patient is s/p physical therapy, which gave no significant pain relief, acupuncture therapy which gave excellent relief, chiropractic treatment with excellent relief, a cervical epidural steroid injection in 1999 with excellent relief and 3 facet joint injections with excellent relief per 7/24/15 report. The patient is currently permanent and stationary per 9/10/15 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 does not show any evidence of prior trigger point injections. In this case, the request is retrospective as a trigger point injection in the left trapezius was administered on same date as requesting 9/10/15 report. The patient has a diagnosis of cervicgia with increased cervical pain/spasm with radiating pain into the left upper extremity. MTUS recommends trigger point injections only for myofascial pain syndrome and not for radicular pain. Per review of reports, there is no diagnosis of myofascial pain. Additionally, the patient presents with radicular symptoms for which trigger point injections are not indicated. 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.