

Case Number:	CM15-0209334		
Date Assigned:	10/28/2015	Date of Injury:	11/01/1998
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female who sustained an industrial injury on 11-1-98. A review of the medical records indicates she is undergoing treatment for post cervical laminectomy syndrome, cervical disc disorder, spasm of muscle, lateral epicondylitis, cervical radiculopathy, and dizziness and giddiness. Medical records (5-19-15) indicate, subjectively, that her "quality of life has remained the same". The physical exam reveals restricted range of motion in the cervical spine, limited by pain. The paravertebral muscle exam reveals hypertonicity, spasm, tenderness, tight muscle band, and trigger point bilaterally. Spurling's maneuver causes pain the muscles of the neck "but no radicular symptoms". Trigger point is noted with radiating pain and twitch response on palpation at the cervical paraspinal muscles on the right and left trapezius muscle. She is noted to have "improved right upper extremity symptoms with cervical traction applied". Diagnostic studies have included x-rays of the right shoulder, an MRI of the right shoulder, CT scan of the neck, EMG-NCV studies of bilateral upper extremities, and an MRI of the cervical spine, as well as urine toxicology screening. Treatment has included medications, a psychological consultation, a cervical epidural steroid injection at C7-T1, cervical fusion at C5-6 and C6-7, and trigger point injections for cervical paravertebral pain. The treatment recommendation is repeat trigger point injection. The utilization review (10-1-15) includes a request for authorization of trigger point injection to bilateral trapezius. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Bilateral Trapezius: 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: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 defines a trigger point as "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." The guidelines continue to define the indications for trigger point injections which are as follows: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. 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." CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case the exam notes from 5/19/15 demonstrate no evidence of myofascial pain syndrome. This patient has typical neck pain. Therefore the determination is for non-certification. The request is not medically necessary.