

Case Number:	CM15-0209612		
Date Assigned:	10/28/2015	Date of Injury:	08/06/2007
Decision Date:	12/16/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female who sustained a work-related injury on 8-6-07. Medical record documentation on 8-26-15 revealed the injured worker was being treated for cervicgia. She reported neck pain with radiation of pain to the bilateral upper extremities and bilateral shoulder pain. She reported bilateral occipital pain with headache. She rated her pain a 5 on a 10-point scale at the time of evaluation, a 0 on a 10-point scale with medications, and a 9 without medications. Her medications included Naproxen 550 mg, Prilosec 20 mg and Norco 5-325 mg. She had a diagnostic left cervical medial branch block at C4, 5 and 7 on 6-3-15. Objective findings included tenderness to palpation over the cervical paraspinal muscles and the trapezius muscle. She had muscle spasm of the neck and tenderness to palpation over the posterior midline of the neck, paracervical area, trapezius area, anterior neck and distal neck. She continued to have chronic residual pain with cervical radiculopathy to the bilateral upper extremities. Her treatment plan included Lidoderm patches 5%, trigger point injection to the trapezius muscles and rhomboids bilaterally, acupuncture, massage, chiropractic therapy and physical therapy. On 9-29-15 she had continued neck pain, headache and pain radiating to her bilateral upper extremities. She rated her pain a 3 on a 10-point scale at the time of the evaluation and an 8 with medications and a 9 without medications. She had tenderness to palpation over the cervical paraspinal muscles, trapezius muscles and levator scapulae muscles. Her cervical spine range of motion was flexion to 20 degrees, extension to 25 degrees, bilateral rotation to 35 degrees, and bilateral lateral flexion to 15 degrees. Her treatment plan included bilateral trigger point injection to the cervical spine. A request for trigger point injection of C4-C7 was received on 9-30-15. On 10-6-15, the Utilization Review physician determined trigger point injection of C4-C7 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection cervicalgia at C4-C7: 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: With regard to trigger point injections, the MTUS CPMTG states: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: 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)" Per the medical records submitted for review, it was noted that the injured worker has neck pain with cervical radiculopathy. She has radiating pain to the bilateral upper extremities. As radicular pain is an exclusionary criteria, the request is not medically necessary.