

Case Number:	CM15-0021957		
Date Assigned:	02/11/2015	Date of Injury:	01/05/2010
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

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 65-year-old female who reported injury on 01/05/2010. The mechanism of injury was cumulative trauma. Prior therapies included medications, rest, TENS unit, massage therapy, home exercise program, and physical therapy. The injured worker underwent an MRI of the cervical spine. The documentation of 12/12/2014 revealed the injured worker's pain was 8/10 without medications. The quality of sleep was poor. The injured worker was not trying other therapies for pain relief. The medications included oxycodone 5 mg 1 half tablet to 1 tablet 3 times a day as needed, Advil 200 mg, and Sovaldi 400 mg at bedtime. Surgeries were not provided. The physical examination revealed the injured worker had spasms and tenderness on the right side of the cervical spine at the rhomboids and trapezius. The injured worker had trigger points with radiating pain and twitch responses on palpation of the trapezius muscles on the right. The diagnoses included cervical radiculopathy and cervical disc disorder. The sensory examination was decreased over the ring finger, little finger, medial hand, and lateral shoulder at C5. The reflex examination revealed 0/4 reflexes bilaterally on the biceps reflex, brachioradialis, and triceps. The treatment plan included trigger point injections to the bilateral trapezius muscles. The injured worker had trigger points that were tender to palpation with reproducible pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection cervical spine/bilateral traprezius muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro testing). The clinical documentation submitted for review indicated the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response. However, there was a lack of documentation that medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants had failed to control pain. Additionally, the injured worker had radiculopathy per physical examination and neuro testing. The request as submitted failed to indicate the quantity of injections being requested. Given the above, the request for Trigger point injection cervical spine/bilateral trapezius muscle is not medically necessary.