

Case Number:	CM15-0028100		
Date Assigned:	02/20/2015	Date of Injury:	04/30/2004
Decision Date:	03/31/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/13/2015

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 47 year old female, who sustained an industrial injury on April 30, 2004. The injured worker had reported upper back and bilateral upper extremity injuries. The diagnoses have included thoracic outlet syndrome, chronic neck pain, cervical myofascial pain syndrome, cervical fusion and post-cervical fusion syndrome. Treatment to date has included medications, electrodiagnostic studies of the upper extremities, cervical x-rays and a cervical fusion in 2003. Current documentation dated January 21, 2015 notes that the injured worker continued to have severe neck pain with intermittent radiation to the arm and shoulder with cervicogenic headaches. Physical examination noted her neurological examination to be unchanged. Reflexes were intact at the biceps, triceps and brachioradialis. Hoffmann sign was negative. Cervical range of motion was moderately restricted. On February 9, 2015 Utilization Review non-certified a request for trigger point injections to the right upper trapezius and levator muscle complex for the next visit # 2 and trigger point Injections right upper trapezius and levator muscle complex performed on 01/21/15 #2. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of trigger point injections to the right upper trapezius and levator muscle complex for the next visit # 2 and trigger point injections to the right upper trapezius and levator muscle complex performed on 01/21/15 # 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections right upper Trapezius and Levator Muscle Complex for next visit QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger Point Injections right upper Trapezius and Levator Muscle Complex for next visit QTY: 2 is not medically necessary and appropriate.

Trigger Point Injections right upper Trapezius and Levator Muscle Complex Performed 01/21/15 QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

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