

Case Number:	CM15-0028386		
Date Assigned:	02/20/2015	Date of Injury:	01/04/2006
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 40 year old male sustained an industrial injury on 1/4/06, with subsequent ongoing right shoulder and neck pain. Treatment plan included three cervical fusion surgeries, two shoulder surgeries, cortisone injections, epidural steroid injections, medications, acupuncture and physical therapy. In a PR-2 dated 1/12/15, the injured worker complained of ongoing neck pain and worsening left shoulder pain associated with right hand numbness. Physical exam was remarkable for painful range of motion to bilateral shoulders with negative Tinel's and positive Phalen's on the right. Current diagnoses included cervical disc degeneration, brachial neuritis or radiculitis. The treatment plan included awaiting cervical disc replacement surgery and continuing medications (Nabumetone, Robaxin, Amitriptyline, Dilaudid and Norco). On 1/20/15, Utilization Review noncertified a request for trigger point injections in cervical region, citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections in cervical region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: This 40 year old male has complained of bilateral shoulder and neck pain since date of injury 1/4/06. He has been treated with shoulder surgery, cervical spine surgery, epidural steroid injections, acupuncture and physical therapy. The current request is for trigger point injections in the cervical region. Per the MTUS guidelines cited above, 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. The available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, the request for trigger point injections in the cervical spine is not indicated as medically necessary in this patient.