

Case Number:	CM15-0214257		
Date Assigned:	11/04/2015	Date of Injury:	07/27/2011
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/30/2015

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 29 year old male, who sustained an industrial-work injury on 7-27-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, neurovascular thoracic outlet syndrome and chronic pain. Treatment to date has included pain medication Percocet, Lexapro, Xanax, Lyrica, Pristiq, Trazadone, Clonidine, Buprenorphine, acupuncture at least 20 sessions with some benefit, massage therapy with good benefit, Trigger point injections (date unknown), and home exercise program (HEP). Medical records dated 9-10-15 indicate that the injured worker complains of right upper back and neck pain that increases with right neck rotation and radiation of pain down the arm, elbow and fingers. The physician indicates that the Buprenorphine is giving him better overall coverage and he is reducing his Percocet. He notes increased pain with activity. Per the treating physician report dated 9-10-15, the injured worker has not returned to work. The physical exam reveals tenderness with circumscribed area over the right upper back neck, twitch response with withdrawal with moderate palpation in this area, and positive Spurling's test. There is decreased cervical range of motion, positive Spurling test to the right and right shoulder raise 160 degrees with discomfort. The physician indicates that he was motivated to repeat the trigger point injections that had given him 50 percent improvement in his symptoms and allowed him to continue the medication transition. The physician administered Trigger Point Injection to the upper back and neck and indicated that he had on the order of 50 percent reduction in some of his pain profile. The requested service included Retrospective Trigger Point Injection, upper

back and neck. The original Utilization review dated 10-12-15 non-certified the request for Retrospective Trigger Point Injection, upper back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point Injection, upper back and neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Trigger Point Injections.

Decision rationale: The 29 year old patient presents with right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, cervical radiculopathy, neurovascular thoracic outlet syndrome with double crush injury, chronic pain and associated mood disorder, and single-level cervical disc displacement, as per progress report dated 10/01/15. The request is for Retrospective Trigger Point Injection, upper back and neck. The RFA for this case is dated 09/10/15, and the patient's date of injury is 07/27/11. Medications, as per progress report dated 10/01/15, included Clonidine, Trazodone, Docusate sodium, Miralax, Buprenorphine, Metoprolol, Pristiq, Alprazolam, Senna, Lyrica, Oxycontin and Percocet. As per progress report dated 09/16/15, the patient's pain is rated at 7/10 without medications and 4/10 with medications. The patient is status post spinal surgery, as per progress report dated 05/13/15. Diagnoses, as per this report, also included intervertebral cervical disc disorder with myelopathy, cervical spondylosis with myelopathy, cervical stenosis, generalized anxiety disorder, depressive disorder, alcohol abuse, hypertension, lesion of ulnar nerve, and carpal tunnel syndrome. The patient is off work, as per progress report dated 10/01/15. ODG Pain chapter, under Trigger Point Injections, has the following: Recommended for myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs: TPIs with a local anesthetic may be recommended for the treatment of 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. In this case, the request is for a retrospective trigger point injection that was administered on 09/10/15. In the report, the treater states the patient "was motivated to repeat the trigger point injections that had given him on the order of 50% improvement in his pain symptoms and allowed him to continue medication transition." Physical examination, as per the 09/10/15 report, revealed tenderness with circumscribed area over the upper back and neck. Twitch response upon withdrawal with moderate palpation was also noted in the area. Prior progress report dated 08/26/15 also documented the presence of trigger points in the patient's neck and upper back. In

progress report dated 08/19/15, the treater states "past trigger point injections continue to provide favorable benefit in regards to his pain level and increase in mobility and quality of life." In progress report dated 08/05/15, the treater reiterates that trigger point injections "have been significantly beneficial, over 75%, allowing him to have functional improvement with increase in his ADLs, some increase in range of motion, safer driving due to increased ability to turn his head, and some light household chores." Given the documentation of trigger points and twitch response, and efficacy of prior injections, the request appears reasonable and is medically necessary.