

Case Number:	CM15-0214595		
Date Assigned:	11/04/2015	Date of Injury:	07/30/1998
Decision Date:	12/29/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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 65 year old male who sustained an industrial injury on 7-30-1998. A review of medical records indicates the injured worker is being treated for pain in joint of hand, pain in joint of upper arm, pain in joint shoulder, cervicobrachial syndrome, chronic pain syndrome, lumbar or lumbosacral disc degeneration, and lumbago. Medical records dated 9-16-2015 noted right sided headaches, right shoulder pain, and right arm pain. Pain has remained unchanged from the prior visit and rates her pain 7 out of 10. Since the last visit quality of life has remained unchanged. There was no change in activities of daily living. She reports functional benefit with pain medications. Physical examination noted tenderness over the lumbar spine and cervical spine. There was decreased cervical range of motion. She has sensory deficits in a C6 distribution. Treatment has included Lidoderm and Norco since at least 11-14-2014. Utilization review form dated 10-2-2015 noncertified retro trigger point injection cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro trigger point injection cervical: Upheld

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 patient presents on 07/08/15 with right sided headaches, right sided neck pain, right shoulder and upper extremity pain. The pain is rated 7/10. The patient's date of injury is 07/30/98. The request is for Retro trigger point injection cervical. The RFA is dated 07/08/15. Physical examination dated 07/08/15 reveals tenderness to palpation of the cervical paraspinal musculature, with hypertonicity noted on the right side. The provider also notes sensory deficit in the right C7 and C8 dermatomal distributions. The patient is currently prescribed Lidoderm patches, Norco, Voltaren, Actos, Amlodipine, Hydrochlorothiazide, Levothyroxine, Losartan, Metformin, and Onglyza. Patient is currently not working. 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 regard to the trigger point injections, the patient does not meet guideline criteria. Though the date of service is not clearly defined for this retrospective request, this patient underwent a trigger point injection on 07/08/15. Regarding this injection, the provider states: "I performed 4 trigger point with Toradol injection into her right trapezius and cervical paraspinal muscles." The physical exam does note tenderness to palpation and hypertonicity in the cervical paraspinal musculature. However, the provider does not clearly document circumscribed trigger points with a twitch response and referred pain, as required by guidelines. Without appropriate documentation of the criteria for trigger point injections as required by ODG, this retrospective request cannot be substantiated. The request IS NOT medically necessary.