

Case Number:	CM15-0216848		
Date Assigned:	11/06/2015	Date of Injury:	09/28/2011
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on September 28, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post February 2015 C5-C6, C6-C7 and C6-C7 ACDF, bilateral trapezius myofascial pain secondary to surgery, left hand injury during intraoperative monitoring 02-02-15, left ulnar neuritis secondary of the left hand injury and mild reactive depression. Treatment to date has included diagnostic studies, surgery, acupuncture and medication. On October 2, 2015, the injured worker complained of anterior and posterior neck pain, left hand and arm pain and chronic headache. He noted that his pain is 10% worse and rated it as a 9 on a 1-10 pain scale. He stated that the increase may be due to having the flu recently. Physical examination revealed tenderness to palpation over the midline at C2-C3 and over the bilateral trapezius and infrascapular border for several trigger points palpated, which radiated pain across the trapezius and down the infrascapular border. The treatment plan included Botox injections for migraine headaches, medication, aftercare program, trigger point injections for the trapezius and infrascapular border bilaterally, home exercises and a follow-up visit. On October 14, 2015, utilization review denied a request for bilateral upper trapezius and interscapular trigger point injection times three sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Trapezius and Interscapular Trigger Point Injection x3 sessions: Upheld

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

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

Decision rationale: The MTUS guidelines only recommend trigger point injections for myofascial pain that is non-radicular in nature and under recognition of limited lasting value 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. In this case the patient has a history of prior trigger point injections with unknown efficacy (however, prior to surgery). At this time, trigger point injections may be considered, but the provider is requesting three sessions with two weeks between which may not be in line with the guidelines with respect to avoiding repeat injections prior to 6 weeks of relief (50% or greater). Overall, injections may be considered, but should be approved within the guidelines with respect to timing, frequency, and follow up. Therefore, the request for Bilateral Upper Trapezius and Interscapular Trigger Point Injection x3 sessions is not medically necessary.