

Case Number:	CM15-0223882		
Date Assigned:	11/20/2015	Date of Injury:	06/21/2011
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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: Emergency 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:

This is a 56-year-old female with a date of industrial injury 6-21-2011. The medical records indicated the injured worker (IW) was treated for cervical disc disorder with radiculopathy, mid-cervical region; sprain of the right shoulder; strain of muscle, fascia and tendon at the shoulder and upper arm, right; strain of unspecified muscle, fascia and tendon at the shoulder and upper arm, left shoulder; and strain of left shoulder. In the progress notes (10-14-15), the IW reported neck and bilateral shoulder pain, radiating into the arms and hands with numbness and tingling. On examination (10-14-15 notes), there was tenderness over the bilateral posterior cervical paraspinal and bilateral upper trapezius muscles, greater on the left, and well circumscribed trigger points. There was a positive twitch response and referred pain with palpation. Treatments included Mobic. There were no other reported treatments. The IW was working. The provider recommended trigger point injections. A Request for Authorization was received for one trigger point injection to the paracervical and left trapezius muscles. The Utilization Review on 10-28-15 non-certified the request for one trigger point injection to the paracervical and left trapezius muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the paracervical and left trapezius muscles: 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 requested Trigger point injection to the paracervical and left trapezius muscles, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "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 injured worker has neck and bilateral shoulder pain, radiating into the arms and hands with numbness and tingling. On examination (10-14-15 notes), there was tenderness over the bilateral posterior cervical paraspinal and bilateral upper trapezius muscles, greater on the left, and well circumscribed trigger points. There was a positive twitch response and referred pain with palpation. The treating physician has documented radicular pain, which is a negative criteria for trigger point injections. The criteria noted above not having been met, Trigger point injection to the paracervical and left trapezius muscles is not medically necessary.