

Case Number:	CM15-0224441		
Date Assigned:	11/20/2015	Date of Injury:	05/20/2014
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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: 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 51 year old female with a date of injury on 05-20-2014. The injured worker is undergoing treatment for other spondylosis with radiculopathy-cervical region and thoracic spondylosis without myelopathy. A physician progress note dated 10-30-2015 documents the injured worker has pain in the neck, shoulders, and mid back. Her pain is constant and it is sharp and stabbing. There is tenderness over the thoracic paraspinal muscles. There is tenderness over the right erector spinae muscle between the T8-T10 levels, and tenderness is also present in the bilateral lumbar facet joints at the T8-T9 and T9-T10 levels, and there is tenderness present over the facet joints at the T8-T9 and T9-T10 levels. There is a tight band in the erector spinae and muscle as well as positive jump sign. Thoracic range of motion is restricted with pain. Lumbar spine range of motion is restricted and painful. She has tenderness in the right lumbar paravertebral regions and right sacroiliac joint. Faber test is positive. She has evidence of spasm in the right cervical spine and right interscapular region. Cervical range of motion is reduced and there is tenderness in the cervical paravertebral region on the right side at the C5-C6 level. Spurling test is positive on the right for neck pain as well as radiculopathy. It has been recommended that an anterior cervical discectomy and fusion be performed at the C5-C6 level. She is cleared to return to modified duty and if none available she is to be considered to be temporarily totally disabled. Treatment to date has included diagnostic studies, medication, trigger point injections, and therapy. Current medications include Amitriptyline, Docusate Sodium, Fenopfen, and Tramadol. Previous medications have included Ibuprofen, APAP, Gabapentin, Thermacare, Cyclobenzaprine, LidoPro, Naproxen Amitriptyline, Docusate

Sodium and Fenoprofen. The treatments plan it to proceed with the cervical fusion, and if trigger point injections do not give relief, will consider facet joint injections. Medications were prescribed. On 11-06-2015 Utilization Review modified the request for trigger point injections at erector spinae muscle at T8-T9 and T9-T10 levels for no more than 4 trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections at erector spinae muscle at T8-T9 and T9-T10 levels: Overturned

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: MTUS Guidelines allow for an initial trial of trigger point injections if specific clinical criteria are met, namely chronic myofascial pain associated with localized spasm and trigger points. The Guidelines recommend limiting the number of injections and the requesting physician does not document the number of injections that will be given. This issue can be address retrospectively if an excessive number of injections are performed and billed for. A trial of injections is consistent with Guidelines. The trigger point injections at erector spinae muscle at T8-T9 and T9-T10 levels are medically necessary and appropriate.