

Case Number:	CM15-0030763		
Date Assigned:	02/24/2015	Date of Injury:	09/13/2013
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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 64 year old male, who sustained an industrial injury on 09/13/2013. On progress report dated 01/12/2015 the injured worker has reported low back pain, neck pain, headache and tightness in her bilateral upper shoulder and trapezius areas. The diagnoses have included neck pain with radicular symptom to left upper extremity with C4-C5 and C5-C6 disc protrusion with neuroforaminal stenosis, paracervical and bilateral upper trapezius muscle spasms and low back pain with radicular symptoms to the left lower extremity. Treatment to date has included medication. On examination she was noted to have a decreased range of motion and sensation of cervical spine. Head compression test was noted to produce discomfort. Spasm and shoulder pain was noted range of motion. Trapezial tenderness and spasm was also present. On 01/21/2015 Utilization Review non-certified trigger point injection to the bilateral upper trapezius muscles. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

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 bilateral upper trapezius muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper back chapter, under Trigger Point Injections, Pain chapter, Trigger point injections.

Decision rationale: The patient presents with unrated low back pain which radiates into the left lower extremity, unrated neck pain which radiates into the left upper extremity, headache, and tightness in the bilateral upper shoulder and trapezius areas. The patient's date of injury is 09/13/13. Patient has no documented surgical history directed at these complaints. The request is for TRIGGER POINT INJECTION TO THE BILATERAL UPPER TRAPEZIUS. The RFA was not provided. Physical examination dated 02/04/15 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, decreased cervical range of motion in all planes, and otherwise normal neurological function to the bilateral upper extremities. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles L4-S1. The patient's current medication regimen was not provided. Diagnostic imaging pertinent to the request was not included. Per 02/10/15 progress report patient is classified as temporarily totally disabled. ODG Neck and Upper back chapter, under Trigger Point Injections has the following: "Not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia." In regards to the request for trigger point injections to the patient's upper back, the patient does not meet guideline criteria. Progress notes do not document any trigger point injections to date. Progress reports dated 01/12/15 and 02/10/15 list this patient's diagnosis as neck pain with radicular symptoms to the left upper extremity and bilateral trapezial spasm secondary to underlying cervical degenerative disc disease. ODG does not recommend trigger point injections in patients who do not present with myofascial pain syndrome. This patient does not possess such a diagnosis, and physical examination findings lack any specific mention of myofascial trigger points which may signal underlying myofascial disorder. Furthermore, this patient has radicular symptoms to the upper extremities. Owing to a lack of support from guidelines for this patient's condition, the request cannot be substantiated. The request IS NOT medically necessary.