

Case Number:	CM15-0031983		
Date Assigned:	02/25/2015	Date of Injury:	01/19/2004
Decision Date:	04/09/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/20/2015

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 53-year-old male, who sustained an industrial injury on 1/19/2004. On 2/20/15, the injured worker submitted an application for IMR for review of Trigger point injections x 3 for the bilateral splenius capitus muscles, bilateral trapezius muscles and bilateral rhomboid muscles. The treating provider has reported the injured worker complained of pain and throbbing in the neck, bilateral shoulders, arms, thoracic spine, low back pain, bilateral hips, thighs, buttocks, knees, right ankle and foot. The diagnoses have included mild cubital tunnel syndrome, carpal tunnel syndrome, lumbar radiculopathy, neuritis; back pain lumbar, cervicalgia, degenerative disc disease cervical, thoracic and lumbar, pain in thoracic spine; muscle spasms;, shoulder and knee pain. Treatment to date has included status post left endoscopic carpal tunnel release and left medial lateral release (4/22/04), status post right shoulder arthroscopy, selective capsular release, suture removal, rotator cuff repair with two side sutures, physical therapy, and medication. On 2/16/15 Utilization Review non-certified Trigger point injections x 3 for the bilateral splenius capitus muscles, bilateral trapezius muscles and bilateral rhomboid muscles. The MTUS and ACOEM 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 injections x 3 for the bilateral splenius capitus muscles, bilateral trapezius muscles and bilateral rhomboid muscles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.

Decision rationale: The patient presents with pain in the head, neck, thoracic spine, and right foot rated 7/10 at worst. Patient also complains of pain to the bilateral arms, legs, hips, shoulders, buttocks elbows, and hands rated 7/10 at worst. The patient's date of injury is 01/19/04. Patient left endoscopic carpal tunnel release and left medial/lateral release on 04/22/14, and status post right shoulder arthroscopy with selective capsular release and rotator cuff repair in 2004. Patient has also undergone unspecified left knee surgery in 2012. The request is for trigger point injections x3 for the bilateral splenius capitis muscles, bilateral trapezius muscles, and bilateral rhomboid muscles. The RFA was not provided. Physical examination dated 03/10/15 reveals marked tenderness to palpation of the greater trochanteric bursa, taut muscle bands in the bilateral trapezius muscles, bilateral rhomboid muscles, and bilateral scapulae. The patient is currently prescribed Oxycodone, Soma, Nortriptyline, Cialis, Valium, and Tizanidine. Diagnostic imaging was not included. Patient is currently 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 03/10/15 diagnoses this patient with muscle spasm and pain secondary to degenerative disc disease of the cervical spine. 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. Owing to a lack of support from guidelines for this patient's condition, the request cannot be substantiated. The request IS NOT medically necessary.