

Case Number:	CM15-0041968		
Date Assigned:	03/12/2015	Date of Injury:	12/31/2009
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii

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 50 year old female, who sustained an industrial injury on 12/31/09. The injured worker has complaints of chronic neck and left shoulder pain with occipital headaches radiating from her cervical spine. There is tenderness and spasm over bilateral trapezil, interscapular, and levator muscles left more than right; positive spurling's and very stiff and tight to touch. The diagnoses have included occipital neuralgia bilaterally; degeneration of cervical intervertebral disc; cervicgia and chronic pain syndrome. The documentation noted that medications help, though has been unsuccessful finding a pharmacy that carries the elixir without having to wait for some time, she uses Norco and crushes it up and swallow it, which is difficult as she is status post gastric bypass narrowing. Cervical Computed Tomography (CT) on 4/29/10 showed bulge with foraminal stenosis left paracentral; C-spine done 5/27/10 showed degenerative disc disease (DDD) and electromyogram showed C7-8 radiculopathy and left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right occipital trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with chronic neck and left shoulder pain with occipital headaches radiating from the cervical spine. The current request is for right occipital trigger point injection. The treating physician states, in a report dated 02/02/15, "Patient has history of chronic neck and left shoulder pain. In the setting of cervical DDD with radiculopathy." (79B) The MTUS guidelines state: 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. In this case, the treating physician has documented radiculopathy and there was no trigger point with twitch response causing referred pain. Since the criteria for trigger point injections have not been met, the current request is not medically necessary and the recommendation is for denial.

Left occipital trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with chronic neck and left shoulder pain with occipital headaches radiating from the cervical spine. The current request is for right occipital trigger point injection. The treating physician states, in a report dated 02/02/15, "Patient has history of chronic neck and left shoulder pain. In the setting of cervical DDD with radiculopathy." (79B) The MTUS guidelines state: 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. In this case, the treating physician has documented radiculopathy and there was no trigger point with twitch response causing referred pain. Since the criteria for trigger point injections have not been met, the current request is not medically necessary and the recommendation is for denial.