

Case Number:	CM15-0044672		
Date Assigned:	03/17/2015	Date of Injury:	03/07/2000
Decision Date:	04/17/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained a work related injury on 3/7/00. He slipped and fell on wet surface. The diagnoses have included right scapular fracture, cervical radiculopathy, cervical facet arthropathy, cervical myofascial strain and occipital neuralgia. Treatments to date have included bilateral cervical C4, C5 and C6 medial branch blocks on 7/9/07, MRI right shoulder dated 6/29/10, CT scan cervical spine dated 11/13/07, right shoulder surgery in 2001, EMG/NCV studies of upper extremities dated 3/10/06, medications, 35 sessions of acupuncture with temporary pain relief, C4-7 Rhizotomy x 2 which gave him six months of significant relief, trigger point injections between C4-7 with 3-4 months relief and 2 epidural injections with minimal relief. In the PR-2 dated 1/12/15, the injured worker complains of aching and shocking neck pain with radiation into occipital regions, left greater than right, and into shoulders. He is having increased pain in left shoulder. He states he has intermittent shooting pain from the shoulder down to the forearm and into 3rd digit. He feels limited in activities of daily living. The pain is made worse by rotation of head and relieved by flexion of neck, adjusting posture and ice. He rates the pain a 7/10. The treatment plan is for trigger point injections for cervical paraspinal, bilateral trapezii.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections cervical paraspinals, bilateral trapezii: Upheld

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. Treatment has included trigger point injections with reported 3-4 months of pain relief. When seen by the requesting provider, there were trigger points with multiple twitch responses in the cervical and trapezius muscles. Criteria for the use of trigger point injections include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of referred pain is not documented. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. The degree of pain relief after the last trigger point injections is not quantified. Therefore, the request for repeat trigger point injections is not medically necessary.