

Case Number:	CM15-0048785		
Date Assigned:	03/20/2015	Date of Injury:	12/27/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 53 year old female, who sustained an industrial injury, December 27, 2012. The injured worker previously received the following treatments epidural injection, cervical MRI, x-ray of the cervical spine, Cymbalta, physical therapy, Celebrex, Ultram, Dexilant DR, Tylenol and cervical C7-T1 epidural steroid injection under fluoroscopy on December 9, 2014 and January 12, 2015. The injured worker was diagnosed with cervical disc herniation without myelopathy, radiculopathy, muscle pain, cervicalgia, carpal tunnel syndrome, superior glenoid labrum lesion, cervical spine stenosis severe at tight C5-C6 Myofascial pain syndrome, thoracic outlet syndrome, severe shoulder pain, SLAP tear, impingement syndrome of the right shoulder, cervical radiculopathy and rotator cuff tendinosis. According to progress note of February 19, 2015, the injured workers chief complaint was right shoulder and bilateral neck pain. The pain had improved since the epidural injection given January 9, 2015. The physical exam noted moderate tenderness in the right cervical paraspinal trapezius, shoulder, scapula region. There was normal range of motion of the cervical spine. The right shoulder had decreased range of motion. The treatment plan included retroactive right subacromial bursa injection and retroactive trigger point injection bilateral levator scapulae and bilateral trapezius at 6 total sites on February 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro trigger injection - bilateral levator scapulae & bilateral trapezius at six total sites, provided February 19, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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. The medical documents do meet some criteria for trigger point injections per MTUS. However, the number of injections requested exceed guideline recommendations. Guidelines also recommend against the use of trigger point injections with the presence of radiculopathy, which has been documented for this patient. As such, the request for Retro trigger injection - bilateral levator scapulae & bilateral trapezius at six total sites, provided February 19, 2015 is not medically necessary.