

Case Number:	CM15-0060609		
Date Assigned:	04/06/2015	Date of Injury:	10/15/2013
Decision Date:	05/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 65 year old female, who sustained a work/ industrial injury on 10/15/13. She has reported initial symptoms of left upper arm pain. The injured worker was diagnosed as having cervical disc displacement, cervicalgia, lumbar disc displacement, cervical spine stenosis, and brachial neuritis. Treatments to date included medication and orthopedic consultation and management. Currently, the injured worker complains of ongoing left arm pain. The treating physician noted per the primary physician's report (PR-2) report on 2/17/15 that there was ongoing pain in the neck radiating into the left arm. Examination noted tenderness in the left paracervical area, decreased range of motion with extension reproducing pain into the left arm, weakness in the left triceps, and diminished reflexes in the left brachioradialis and biceps. Treatment plan included Trigger point injection with unspecified body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection with unspecified body part: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122 of 127. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official disability guidelines neck & upper back chapter, trigger points injection.

Decision rationale: The patient was injured on 10/15/13 and presents with ongoing neck pain radiating to the left arm. The request is for a TRIGGER POINT INJECTION WITH UNSPECIFIED BODY PART. There is no RFA provided and the patient is on temporary total disability. The report with the request is not provided. The utilization review denial letter states that the patient had them repeatedly in the past without long term, objective, functional benefit. The dates and results of these prior trigger point injections are not provided. ODG guidelines, neck chapter, trigger points injection section, states 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; maybe 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. MTUS guidelines, page 122, state that 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 therapy 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 three to four 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 the functional improvement; 7. Frequency should not be at an interval less than two months; 8. Trigger point injections with any substance (saline or glucose) other than local anesthetic. The patient has tenderness to palpation about the base of the cervical spine as well as the left side of the cervical paraspinal area, moderate pains the extremes of motion, pain in the left arm with extension of the neck, and she is guarded in neck motion. She is diagnosed with cervical disc displacement, cervicalgia, lumbar disc displacement, cervical spine stenosis, and brachial neuritis. The 01/06/15 MRI of the cervical spine revealed the following: 1.Evidence of a recent interbody fusion at C5-C6 with anterior hardware in place; 2.Minimal changes of spondylosis at the other cervical motion segments. Treatments to date included medication and orthopedic consultation and management. MTUS Guidelines don't allow for repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of the functional improvement. In this case, the patient had a prior trigger point injection; however, the date and results of this injection are not provided. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. Furthermore, the patient presents with radiculopathy which is not indicated by MTUS guidelines. The request does not meet guideline criteria. The requested trigger point injection IS NOT medically necessary.