

Case Number:	CM14-0124503		
Date Assigned:	09/16/2014	Date of Injury:	10/28/1999
Decision Date:	10/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70-year-old female with a date of injury of 10/28/1999. The listed diagnoses per [REDACTED] are Low back pain, Cervical spine pain, Lumbar radiculitis, radiculopathy, Disk displacement, intervertebral disk, lumbar spine, DDD, lumbar and Brachial neuritis. According to progress report 07/16/2014, the patient presents with chronic low back and neck pain. MRI of the lumbar spine from 08/18/2013 revealed disk bulges at T12 to L4 with no stenosis. There was facet hypertrophy at L3-L4 and L4-L5. Canal stenosis was noted at L4-L5 secondary to ligamentum hypertrophy at 3-mm anterolisthesis. Examination revealed sensory is intact to light touch and pinprick in the upper extremities with some numbness reported in the first 3 digits of her left hand and L5 dermatome of the left leg. Motor exam is 5/5 in the bilateral upper extremity. Reflexes are symmetric at 2+. Muscle tone is normal without clonus or muscle atrophy. The provider states that the patient's myofascial pain is not improved with time, rest, therapy, or medications. He is requesting a series of 3 trigger point injections for the cervical spine. Utilization review denied the request on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Series of 3 Trigger Point Injections for the Cervical Spine, Under Ultrasound, as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding trigger point injections: Page(s).

Decision rationale: This patient presents with chronic low back and neck pain. The treater is requesting a series of 3 trigger point injections for the cervical spine under ultrasound. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the treater does not note trigger points on examination. There was no evidence of "twitch response" or taut bands as required by MTUS. Recommendation is for denial.