

Case Number:	CM14-0146318		
Date Assigned:	09/12/2014	Date of Injury:	09/07/2006
Decision Date:	10/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 injured worker is a 59-year-old male who reported an injury on 09/07/2006 due to an unknown mechanism. The diagnoses were cervical stenosis, spasm, cervical degenerative joint disease, and herniated disc. Diagnostic studies were x-ray of the cervical spine that revealed fusion remained solid and stable; however, there was degenerative disc disease above and below the fusion. The physical examination dated 08/21/2014 revealed complaints of chronic neck pain as well as radicular symptoms into the right arm. The physical examination revealed tenderness to palpation as well as spasm bilaterally about the cervical paraspinal musculature. Range of motion for the cervical spine was guarded in the neck motion. The injured worker complained of moderate pain at extremes of motion. The motor examination of the upper extremities revealed weakness of the right biceps and triceps as well as the right wrist and finger extensors. Sensory was intact to light touch. The injured worker received a trigger point injection. The treatment plan was for more trigger point injections and an MRI of the cervical spine. The rationale was "the injured worker continues with pain and radicular symptoms despite conservative management at this time and his symptoms appeared to be deteriorating." The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injection to bilateral cervical paraspinals (DOS not indicated): 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): 121,122.

Decision rationale: The decision for Retrospective request for trigger point injection to bilateral cervical paraspinals (DOS not indicated) is not medically necessary. The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms should have persisted for more than 3 months and medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. Radiculopathy should not be present (by exam, imaging, or neuro testing), and there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval of less than 2 months. The injured worker had radiculopathy present by exam. There was no documentation of trigger points or evidence upon palpation of a twitch response as well as referred pain. The injured worker received injections 3 weeks after prior trigger point injections without a greater than 50% pain relief, and no functional improvement was reported. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.