

Case Number:	CM14-0147264		
Date Assigned:	09/15/2014	Date of Injury:	06/25/2009
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/10/2014

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 & 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 41-year-old male who sustained work-related injuries on June 25, 2009. Electromyography (EMG)/nerve conduction velocity (NCV) studies of the bilateral upper extremities (undated) noted that injured worker is negative for radiculopathy or neuropathy. Cervical spine computed tomography (CT)-scan performed on February 28, 2014 revealed: (a) C5-6 mild disc degeneration with 2-mm posterior osteophytes, mild bilateral uncovertebral hypertrophy and foraminal narrowing, left side greater than right. No significant foraminal stenosis is suspected; and (b) paired stimulator wires extending in dorsal spinal canal from upper thoracic spine to C1 level. Heterogeneous hypertrophic bone along the ventral margin of T2 spinous processes and lamina extending 6-mm into the spinal canal, partially visualized on computed tomography (CT)-scan. Suspicious for posttraumatic ossification of myositis ossificans was present. Per the most recent progress notes dated August 4, 2014, the injured worker presented to his provider for right hand pain. He reported that his quality of sleep was poor and has not been trying any other therapies. His activity level has remained the same. Cervical spine examination noted tenderness over the paracervical muscles and trapezius. Trigger point radiating pain with twitch response was noted over the right trapezius muscles and left bilateral rhomboid muscles. An elbow examination noted tenderness over the lateral epicondyle and medial epicondyle. Sensation was decreased over the ring finger, little finger on the right side and lateral upper arm and forearm on both sides. Dysesthesia were present over the lateral upper arms and forearms on both sides. Hyperesthesia was present over the right forearm and right upper elbow on the right. He is diagnosed with (a) causalgia upper limb, (b) peripheral neuropathy, and (c) extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the bilateral trapezius and rhomboid: Upheld

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

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

Decision rationale: Evidence-based guidelines indicate that all of the criteria for the use of trigger point injections must be met. These include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months, medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro testing), etc. In this case, it would appear that the injured worker's reported trigger points in the bilateral trapezius and rhomboid muscle is new and is documented in the most recent provided records dated August 4, 2014. There is no documentation that trigger points have been reported in the prior records provided. Also, there is no indication that other treatments have been provided in order to address the trigger points (e.g., stretching, physical therapy). Based on this information, all of the criteria for trigger point injections are not met. Therefore, the medical necessity of the requested trigger point injection for the bilateral trapezius and rhomboid muscle is not established.