

Case Number:	CM14-0160088		
Date Assigned:	10/03/2014	Date of Injury:	10/15/2011
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine 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:

This is a 58-year-old female with a 10/15/11 date of injury; mechanism of injury was lifting wine cases and stocking wine bottles. The patient underwent anterior cervical fusion at C6-C7 in 2000 and the right T1-T2 transpedicular microdiscectomy and decompression on 2/7/2012. The patient underwent right cervical ESI with partial and temporary relief on 7/3/14. The patient was seen on 9/11/14 with complaints of continued pain, spasm and tightness in the neck. Exam findings of the cervical spine revealed restricted range of motion with extension and flexion, tenderness over the cervical facet joints and pain with facet loading. Trigger points were noted at bilateral cervical paraspinal muscles. A deep palpation along the cervical paraspinal muscles produced twitch responses and radiating pain up and down the neck and upper back. The diagnosis was cervical spondylosis and myofascial pain. Treatment to date: cervical and thoracic ESI, nerve blocks, work restrictions, acupuncture, heat pack, physical therapy and medications. An adverse determination was received on 9/23/14 for lack of evidence on physical examination of isolated trigger points with twitch response on palpation with referred pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, trapezius & cervical paraspinals (bilateral) x 8: 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): 122.

Decision rationale: CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. Although the patient had documented trigger points and twitch response upon palpation, the request was for 8 injections. The guidelines do not support more than 3-4 injections per one session. Therefore, the request for trigger point injections, trapezius & cervical paraspinals (bilateral) x 8 was not medically necessary.