

Case Number:	CM14-0161410		
Date Assigned:	10/06/2014	Date of Injury:	09/15/2005
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 53 year old with an injury date on 9/15/05. The patient complains of increased cervical pain with spasms, rated 10/10 without meds and 9/10 with meds, and low lumbar pain per 9/16/14 report. Patient's quality of sleep is fair, but activity level has decreased per 9/16/14 report. Based on the 9/16/14 progress report provided by [REDACTED] the diagnoses are: 1. Cervical disc degeneration 2. Chronic back pain 3. Lumbar facet syndrome 4. Spasm of muscle Exam on 9/16/14 showed "slowed, antalgic gait and the C-spine range of motion was limited. L-spine range of motion restricted with extension limited to 20 degrees. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on right side. Lumbar facet loading is positive on right side. Straight leg raise positive bilaterally. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right trapezius muscle on right." Patient's treatment history includes two lumbar medial branch radiofrequency neurotomies at L4-5, Sacral Ala and S1 and a 4-level Facet MBB L4-L5, Sacral Ala and S1 (in 2011). [REDACTED] is requesting trigger point injection. The utilization review determination being challenged is dated 9/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/1/14 to 9/16/14. This patient presents with neck pain and lower back pain. The physician has asked for trigger point injection on 9/16/14 for "cervical paravertebral; right trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-7, Chronic Pain Treatment Guidelines Guidelines MTUS, Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with neck pain and lower back pain. The physician has asked for trigger point injection on 9/16/14 for "cervical paravertebral; right trapezius. Regarding trigger point injections, MTUS states, "Recommended only for myofascial pain syndrome... Not recommended for radicular pain." MTUS also requires documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." While this patient presents with neck and low back pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The patient also presents with radicular symptoms in which situation, trigger point injections are not indicated. The request is not medically necessary.