

Case Number:	CM14-0163089		
Date Assigned:	10/08/2014	Date of Injury:	05/09/2007
Decision Date:	12/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 62-year old female sustained industrial related injuries to the neck in the 1970's and sustained a repeat injury to the neck and new injury to the back on 05/09/2007. Treatment to date has included various diagnostic studies, physical therapy, injections, oral medications, acupuncture, 3 level fusion of the cervical spine, and a recent radiofrequency lesioning of the medial branches of the posterior ramus on the right at C2, C3, and C2-C3 (3rd occipital nerve). The injured worker's recent complaints have included: diffuse neck pain bilaterally associated with a feeling of heaviness and unsteadiness; worsening pain with looking upwards; pain when turning head bilaterally; increased pain with coughing, sneezing and straining; stiffness and occasional spasms in the neck; bilateral frontal occipital headaches, numbness and tingling in the radial aspect of the left upper extremity; generalized weakness in the upper extremities; occasional cramping; and insomnia. Since the radiofrequency lesioning done on 06/09/2014, the injured worker reported new symptoms of muscular pain in the right upper back around the scapula bone with a sensation of something stuck underneath the scapula bone which causes difficulty moving the right arm. She also reported feeling muscle spasms in the right upper back. Recent exam findings revealed no thoracic spine tenderness, tenderness in the right upper back around the scapula bone, scattered areas of trigger point pain without radiation, muscle spasms in the right upper back, mild facet tenderness in the right lower back, negative facet loading test, and full range of motion and spine extension. Current diagnoses include chronic pain syndrome, post laminectomy syndrome in the cervical region, cervical spondylosis without myelopathy, and dysthymic disorder. There was no evidence of recent diagnostic testing. The trigger point injections x 6 to the right trapezius/right latissimus dorsi was requested for the treatment of muscle spasms and pain in the right upper back. Treatments in place around the time the trigger

point injections were requested included a non-steroid anti-inflammatory drug (NSAID) and topical analgesics. The injured worker's pain was increased; however, no changes in functional deficits or activities of daily living were documented. Work status and dependency on medical care were unchanged. On 09/04/2014, Utilization Review non-certified a prescription for trigger point injections x 6 to the right trapezius/right latissimus dorsi which were requested on 08/27/2014. The trigger point injections x 6 to the right trapezius/right latissimus dorsi were non-certified based on insufficient documentation of specific symptoms related to the right trapezius/right latissimus dorsi points with lack of evidence that these symptoms have been present for more than 3 months, and no documentation of conservative treatment for these points. The MTUS guidelines for Trigger Point Injections were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of trigger point injections x 6 to the right trapezius/right latissimus dorsi.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 6 to the right trapezius/right latissimus dorsi: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

Decision rationale: Trigger point injections x 6 to the right trapezius/right latissimus dorsi are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when particular criteria are met including documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; failure of conservative therapy; no more than 3-4 injections per session. The documentation does not indicate a twitch response with referred pain, failure of conservative therapy and 6 trigger point injections exceeds the guideline recommendations of no more than 3-4 per session. The request for Trigger point injections x 6 to the right trapezius/right latissimus dorsi is not medically necessary.