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| Case Number: | CM14-0166029 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 11/21/2012 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 Pain Management 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 54 year old male with a date of injury on 11/21/2012. It was indicated in the medical record dated 9/25/14 that on this day he was rear-ended while performing his usual and customary duties. He was diagnosed with (a) right knee degenerative osteoarthritis and (b) right shoulder degenerative labral tear with rotator cuff tendinopathy and biceps tendinopathy. In his most recent evaluation dated 9/12/14, it was indicated that he noticed an improvement in his overall back pain as well as his radicular pain into his left leg after having an epidural steroid injection almost ten days ago. It was also indicated that there was about 60% to 70% improvement. He continued to complain of pain and stiffness in his neck and it was also stated that he continued to see the treating physician with regard to his right knee and right shoulder. On examination of the cervical spine, tenderness with spasm was noted over the paraspinal musculature, bilaterally and limited range of motion in all planes due to pain. Neurologically, muscle strength, sensation and reflexes were well within normal limit. On examination of the lumbar spine, tenderness was noted over the paraspinal musculature. Range of motion of the thoracolumbar spine was limited in all planes due to pain. Straight Leg Raise test was mildly positive on the left. A magnetic resonance imaging (MRI) scan of the cervical spine dated 10/13, result showed facet arthropathy at multiple levels. Refill of tramadol and naproxen was provided as well as a prescription for Flexeril 10mg, #60 with one refill as well as Voltaren gel. This is a review for the requested cervical spine trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical TPI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections (TPI) Page(s): 122.

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

Decision rationale: Evidence-based guidelines indicated that trigger point injections with local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the criteria are met which include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and that medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain. From the medical records provided for review, absent was the documentation of objective findings of trigger points, taut and tight muscle bands as well as twitch response in the cervical spine as the only documented objective findings were tenderness, spasm and limited range of motion in all planes. Additionally, there is lack of documentation of failure of conservative treatment including home exercise, physical therapy (PT) and medications and it can be noted that he was just recently prescribed with Flexeril. Based on this information, it can be concluded that the medical necessity of the requested cervical trigger point injection is not established.