

Case Number:	CM14-0180945		
Date Assigned:	11/05/2014	Date of Injury:	02/12/2011
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine and is licensed to practice in New York. 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 51 year old female with a date of injury of 02/12/2011. She had lumbar epidural steroid injections on 03/22/2012, 07/10/2012 and on 02/19/2013. She had lumbar trigger point injections on 07/13/2012 and on 08/29/2012. On 04/09/2013 a MRI of the cervical spine revealed degenerative changes and C6-C7 3 mm retrolisthesis with a 4 mm disc bulge that indents the spinal cord. At C6-T1 the disc abuts the nerve but there is no compression noted. She had a cervical epidural steroid injection on 07/11/2013. On 05/28/2014 she had left arm numbness and tingling. On 06/24/2014 she had neck pain with left arm pain and tingling. On 08/26/2014 she had neck pain and left upper extremity along the C7 distribution. She has decreased sensation at left C7 dermatome. She had a left C7 cervical radiculopathy. She had left arm pain, numbness and tingling.

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 cervical spine: 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: Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) page 122, trigger point injections recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic, such as bupivacaine, are recommended for non-resolving trigger points. However, the addition of a corticosteroid is not generally recommended and is not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. She had a left cervical radiculopathy and cervical trigger point injections are not consistent with MTUS guidelines. Therefore, this request is not medically necessary.