

Case Number:	CM14-0077945		
Date Assigned:	07/18/2014	Date of Injury:	01/17/2008
Decision Date:	10/02/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 44-year-old female who reported an injury on 01/17/2008 due to cumulative trauma. Diagnoses were degenerative cervical disc disease with severe stenosis, bilateral carpal tunnel syndrome, repetitive strain injury, and neck and bilateral upper extremities with myofascial pain syndrome. Past treatments were medications and cervical epidural steroid injections. Diagnostic studies were an EMG (Electromyography) that revealed old right C6-7 radiculopathy with bilateral carpal tunnel syndrome. Surgical history was not reported. Physical examination on 04/01/2014 revealed complaints of pain in the neck and upper extremities with numbness sensation. Pain level was reported a 9/10 level. Examination of the cervical spine revealed discrete tender trigger points over the neck, posterior shoulders, and upper extremities. Range of motion was decreased. Motor strength was intact. Sensation was decreased on the left at the C7 and right at the C7-T1. Shoulder range of motion was approximately 90 degrees. Medications were Flexeril, gabapentin, and ibuprofen. Treatment plan was for trigger point injections, right and left trapezius, midscapular, and scapular. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection for Right and Left Trapezius, Mid Scapular, Scapular (Date of Service: 04/01/14): 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): 121, 122.

Decision rationale: The decision for retrospective Trigger Point Injection Right and Left Trapezius, Mid Scapular, Scapular (DOS: 04/01/14): is not medically necessary. California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. A twitch response from palpation examination was not reported. Past conservative care modalities were not reported as failed. Therefore, the request for Trigger Point Injection for Right and Left Trapezius, Mid Scapular, Scapular (Date of Service: 04/01/14) is not medically necessary and appropriate.