

Case Number:	CM14-0164836		
Date Assigned:	10/09/2014	Date of Injury:	06/30/2002
Decision Date:	01/21/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Rehab, 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 50 year old female with date of injury 6/30/02. The treating physician report dated 8/28/14 (98) indicates that the patient presents with pain affecting the neck with radiation to the bilateral upper extremities with numbness and tingling. The physical examination findings of the cervical spine reveal tenderness to palpation over the paraspinal musculature and trapezius muscles. Compression test elicits radicular symptoms to the trapezius muscles. Prior treatment history includes medication, trigger point injection and MRI. MRI findings reveal disc bulge with minimal central stenosis and disc protrusion/central stenosis at C4-C5 and C5-C6. The current diagnoses are: 1. Cervical spine sprain/strain. 2. Disc bulge with minimal central stenosis and bilateral upper extremity radiculitis. 3. Right elbow cubital tunnel syndrome. 4. Medial and lateral epicondylitis. The utilization review report dated 9/15/14 denied the request for one set of trigger point injections to the bilateral trapezius with ultrasound guidance based on trigger point injections not being recommended for radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of trigger point injections to the bilateral trapezius with ultrasound guidance: Upheld

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

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

Decision rationale: The patient presents with neck pain with radiation to the bilateral upper extremities with numbness and tingling. The current request is for one set of trigger point injections to the bilateral trapezius with ultrasound guidance. The treating physician states that the patient reports approximately 70 percent improvement for approximately one month with prior trigger point injection. The MTUS guidelines state that trigger point injections are "recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." In this case the treating physician has cited radiation of pain to the bilateral upper extremities with numbness and tingling. Therefore, trigger point injections are not supported for this patient in the presence of radiculopathy. The request is not medically necessary.