

Case Number:	CM14-0213094		
Date Assigned:	12/30/2014	Date of Injury:	08/14/2013
Decision Date:	02/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 58-year-old male with a date of injury of 08/14/2013. According to progress report dated 12/04/2014, the patient presents with significant tightness and tenderness in the cervical and thoracic region which radiates down the right shoulder and arm. The patient has been recommended trigger point injections to the right cervical thoracic region. The patient agreed to start injections today. Examination reveals significant tenderness in the right cervical and thoracic region to the right shoulder. Moderate touch is tolerated on this date, but deeper touch is still significantly painful. Range of motion still remains very limited at the cervical spine, only 10-15 degrees of rotation bilaterally. The patient received 3 trigger point injections which the patient tolerated quite well and stated he barely felt any pain. The listed diagnoses are: 1. Cervical disk injury, status post fusion at C3-C7. 2. Significant myofascial pain in the neck, upper back, and right arm. 3. Depressive symptoms. Treatment plan is for patient to continue seeing his psychologist. Request is for second set trigger point injections (TPIs). The utilization review denied the request on 12/15/2014. Medical file provided for review include treatment reports from 06/19/2014 through 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd set trigger point injections (TPI's): 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: This patient presents with significant tightness and tenderness in the cervical and thoracic region which radiates down the right shoulder and arm. The current request is for second set trigger point injections (TPIs). The MTUS Guidelines page 122 under the chronic pain section has the following regarding trigger point injections, "recommended only for myofascial pain syndrome and limited lasting value, not recommended for radicular pain." The MTUS Guidelines further states that all criteria need to be met including documentation of trigger points (circumcised trigger points with evidence upon palpation of twitch response as well as referred pain), symptoms persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, recommendation cannot be made as the patient has radiating symptoms to the right shoulder and arm. MTUS recommends TPIs when radiculopathy is not present. Furthermore, on examination, there was no evidence of "twitch response" or taut bands required by MTUS for trigger point injections. This request is not medically necessary.