

Case Number:	CM14-0213625		
Date Assigned:	12/31/2014	Date of Injury:	01/05/2010
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male with date of injury 1/5/10. The treating physician report dated 11/03/14 (38) is only partially legible but indicates that the patient presents with pain affecting the neck, low back and the bilateral shoulder. The physical examination findings per the UR report dated 12/17/14 reveal a decreased range of motion of 10 percent in the lumbosacral spine in all planes. There is bilateral sacroiliac joint tenderness, and the Fabere and Gaenien's tests were positive. Further examination revealed spasms in the trapezius. Prior treatment history includes physical therapy, acupuncture, home exercise program, a TENS unit, trigger point injections, and prescribed medications. MRI findings of the cervical spine reveal multi-level degenerative disc disease, uncovertebral spurring, and facet arthropathy. MRI findings of the lumbar spine reveal a central disc protrusion at L5-S1 with posterior high intensity zone, and an MRI of the thoracic spine revealed that the osseous structures were intact and in normal alignment with normal bone marrow and cortical signal intensity. The current diagnoses are: 1. Strain of the cervical and lumbar spine 2. Myofascial pain syndrome 3. Rotator cuff syndrome bilaterally 4. Strain of the thoracic spine. The utilization review report dated 12/17/14 (7) denied the request for Trigger point injections, right shoulder trapezius, right paracervical, QTY: 4 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, right shoulder trapezius, right paracervical, QTY: 4: Overturned

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: The patient presents with pain affecting the neck, low back and the bilateral shoulder. The current request is for trigger point injections, right shoulder trapezius, right paracervical, QTY: 4. The treating physician supplemental report dated 11/14/4 (36) states, " Upon her last clinic visit to me she had flare-up of her myofascial pain syndrome with painful trigger points in the right trapezius, rhomboid, and paracervical muscles." The physician further states, "...the patient's last set of trigger point injections was completed over 2 months ago and as of her last visit to me, this treatment still gave her over 50% relief." The MTUS guideline has the following regarding trigger point injections: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." MTUS goes on to state, "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination." In this case, the patient has been diagnosed with myofascial pain syndrome and trigger points were present upon examination. Furthermore, the patient experienced over 50% pain relief from previous trigger point injections allowing her to enjoy a greater quality of life. There was documentation of well circumscribed trigger points on exam that demonstrated classic twitch response when the needle was inserted for these trigger point injections." The current request satisfies MTUS guidelines as outlined on page 122 and is medically necessary. Recommendation is for authorization.