

Case Number:	CM14-0213921		
Date Assigned:	12/31/2014	Date of Injury:	11/01/2007
Decision Date:	02/25/2015	UR Denial Date:	12/18/2014
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

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:

This 57 year-old patient sustained an injury on 11/1/07 while employed by [REDACTED]. Request(s) under consideration include Trigger point injections to the bilateral upper scapular/trapezius musculature. Diagnoses include cervical disc degeneration; ulnar nerve lesion; lateral epicondylitis; radial styloid tenosynovitis; and headache. Conservative care has included medications, cervical rhizotomy, Botox injections for headaches, therapy modalities, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 12/5/14 from the provider noted continued neck pain and headaches. Exam showed tenderness, hypertonicity at paravertebral muscle and trapezius and trigger points on deep palpation. The request(s) for Trigger point injections to the bilateral upper scapular/trapezius musculature was non-certified on 12/18/14 citing guidelines criteria and 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 to the bilateral upper scapular/trapezius musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: The goal of TPI's is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings did not identify any progressive neurological deficits. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria without demonstrated functional improvement from previous treatment rendered. The Trigger point injections to the bilateral upper scapular/trapezius musculature are not medically necessary and appropriate.