

Case Number:	CM14-0214011		
Date Assigned:	12/24/2014	Date of Injury:	05/14/2010
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 44 year old patient with date of injury of 05/14/2010. Medical records indicate the patient is undergoing treatment for S/P Cervical fusion 3 level; bilateral carpal tunnel; cervical degenerative disc disease, cervical radiculopathy; cervicgia and cervical disc displacement. Subjective complaints include neck pain, VAS average 6/10. Objective findings include back pain; neck pain, stiffness, numbness and weakness of the left upper extremity; inspection of cervical spine reveals surgical scar, normal range of motion, tenderness to palpation on both sides of the paravertebral muscles; gait of the patient is normal; motor, sensory and reflexes normal. Treatment has consisted of cervical paravertebral trigger point injection on 07/29/2014; surgery C5-6, C6-7 anterior cervical decompression and fusion on 03/17/2014, physical therapy, home exercise program, Buspirone, Norco, Flexeril, Hydrocodone-Acetaminophen and Tramadol. The utilization review determination was rendered on 11/26/2014 recommending non-certification of a Cervical Paravertebral trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Paravertebral trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Injections.

Decision rationale: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The patient underwent a trigger point injection on 7/29/14, but the treating physician did not detail any subjective or objective functional improvement. In addition, the most current physical examination does not detail specific trigger points. As such, the request for Cervical Paravertebral trigger point injection is not medically necessary.