

Case Number:	CM14-0215280		
Date Assigned:	01/02/2015	Date of Injury:	05/11/1991
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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 & 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 injured worker is a 61 year old male with a date of injury of May 11, 1991. Results of the injury include neck pain. Diagnosis include sp C spine fusion x 3, cervical radiculitis, and last C Sp fusion C6/7 D McBride. Treatment has included neck brace, facet injections, oxycodone, and robaxin. X-ray of the cervical spine dated November 10, 2014 revealed revision previous ACDF with removal of three level anterior compression plate, placement of two level anterior compression plate C6/7 level. Healed postoperative changes ACDF C4/5, C5/6. Stable intervertebral cages C6/7, C7/T1 There is stable to minimally increased anterior subluxation of C2 and C3 measuring 4 mm compared with 2 mm on previous examination. Discogenic degenerative changes c2/3 and C3/4. There is no evidence for prevertebral soft tissue swelling. Neural foramen suggest severe left and right C6/7 neural foraminal stenosis. Suggestion of severe right C3/4 neural foraminal stenosis. Progress report dated October 17, 2014 showed paraspinal spasm and pain on range of motion 25 % reduced. The treatment plan was to continue current medications and follow up with his physician for neck pain. Utilization review form dated November 26, 2014 non certified Retro ultrasound guided injection for trigger points C5-6 DOS 11/11/2014 due to noncompliance MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro ultrasound guided injection for trigger points C5-6 DOS: 11/11/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation neck chapter, trigger points injection

Decision rationale: The patient presents with cervical spine pain. The retrospective request is for an ULTRASOUND-GUIDED INJECTION FOR TRIGGER POINTS AT C5-C6, DATE OF SERVICE 11/11/2014. There is no rationale provided, and the report with the request is not provided either. ODG guidelines, neck chapter, trigger points injection section, states the following: "Not recommended in the absence of myofascial pain syndrome. See the pain chapter for criteria for the use of trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; maybe appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia." MTUS guidelines, page 122, state that "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 therapy 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 three to four 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 the functional improvement; 7. frequency should not be at an interval less than two months; 8. trigger point injections with any substance (saline or glucose) other than local anesthetic with or without steroid are not recommended." Review of the reports does not show any prior trigger point injections the patient may have had at C5-C6. The patient has cervical spine pain with spasm, 25% reduced range of motion, tenderness, and trigger points at trapezius, rhomboids, and supraspinatus. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. There is no indication that the patient has failed physical therapy, NSAIDs, and muscle relaxants. The request does not meet guideline criteria. Therefore, the requested ultrasound-guided injection for trigger points IS NOT medically necessary.