

Case Number:	CM14-0217693		
Date Assigned:	01/07/2015	Date of Injury:	11/05/2012
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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: Preventive Medicine, Occupational Medicine

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 51 year old female who suffered a work related injury on 11/05/2012. Mechanism of injury is not present with documentation. Diagnoses include cervical degenerative disc disease, cervicgia, and spondylolisthesis of the cervical region. Treatment has included physical therapy, home exercise program, and medications. She is status post right total shoulder arthroplasty. EMG and NCS did not show any significant neuropathy or radiculopathy. A Magnetic Resonance Imaging of the cervical spine done on 9/17/2014 revealed mild central stenosis at the C5-C6 and C6-C7. There are multiple areas of neural foraminal narrowing within the cervical spine. There is reversal of the cervical lordosis centered at the level of C5-C6 and multiple area of degenerative facet disease within the cervical spine. There is degenerative loss of disc space height at C5-C6 and C6-C7 consistent with changes of degenerative disc disease. There is an irregular appearance to the inferior facet of C4 on the right. The appearance is suggestive of an old fracture. The physician progress note dated 10/02/2014, notes that Cervical Trigger Point Injections may be considered if her symptoms do not improve. The Utilization Review documents in a physician progress note dated 12/09/2014 the injured worker's pain is rated at 7/10. There is moderate pain radiating to the left upper shoulder and into the right upper shoulder into the upper back, and symptoms are described as dull, aching, and intermittent. Physical Exam revealed severe tenderness over the trapezius, and decreased range of motion throughout. The injured worker is temporarily totally disabled. The request is for cervical Trigger point injections times 6. Utilization dated 12/16/2014 non-certifies the request for 6

cervical trigger point injections citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical trigger point injections x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Trigger points are focal areas of muscular tenderness associated with a twitch in response to stimulus and which reproduce the patient's complaints. Trigger point injections are injections of medications into these areas. This is usually performed using anesthetics although steroids, saline, glucose and other agents may also be used (but are not recommended by the MTUS). Unfortunately, injections usually have limited lasting value and there is good evidence that they should not be used for typical back pain or neck pain. As per MTUS criteria, use of this treatment modality should be considered when the pain has lasted over 3 months duration, there are documented trigger points on exam as evidenced by palpation that triggers local pain, referred pain and a twitch response, and other therapies have failed to control the pain. Since this therapy is not effective for radicular pain it is important that there is no documented radiculopathy. For this patient, since there is no documented evidence of true trigger points, trigger point injections would be of nebulous help. Medical necessity for this procedure has not been established.