

Case Number:	CM14-0060749		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2013
Decision Date:	05/27/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 68 year old male patient who sustained an industrial injury on 11/18/2013. The physicians' first report of occupational illness dated 11/29/2013 reported the patient being diagnosed with neck/head pain and was returned to a modified work duty. A primary treating office visit dated 11/29/2013 reported chief concern of head, mid-back, and neck pain. Current medications are: Flexeril. The assessment noted head injury, thoracic back pain, and neck pain. The plan of care involved: prescribing Flexeril, obtaining a computerized tomography of head, cervical radiography, and return for follow up in 3 weeks. A more recent follow up visit dated 04/15/2015 reported same concerns and complaints. Current medications to include: Fluoxetine, Meloxicam, Lyrica, and Hydrocodone. Diagnostic testing showed a magnetic resonance imaging performed. The plan of care showed continue medications, administration of Cortisone injection, psychiatric consultation, and follow up in one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single or multiple trigger point (1-2 muscles): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Physical examination must document a twitch response on palpation with referred pain. There must be no physical exam, imaging or electrodiagnostic evidence of a possible radiculopathy." In this case the exam notes from 4/15/14 do not clearly document the twitch response with referred pain and the MRI from 1/17/14 shows severe foraminal narrowing which could be causing a radiculopathy. Therefore the request is not medically necessary.

1 ultrasound guided trigger point injection to the right thoracic paraspinal muscles and rhomboid muscles and occipital block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Head.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger points Page(s): 122.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Physical examination must document a twitch response on palpation with referred pain. There must be no physical exam, imaging or electrodiagnostic evidence of a possible radiculopathy." In this case the exam notes from 4/15/14 do not clearly document the twitch response with referred pain and the MRI from 1/17/14 shows severe foraminal narrowing which could be causing a radiculopathy. Therefore the request is not medically necessary.