

Case Number:	CM15-0007071		
Date Assigned:	01/26/2015	Date of Injury:	11/20/2011
Decision Date:	03/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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 46 year old female, who sustained a work/ industrial injury on 11/20/11. She has reported symptoms of neck, right hip and buttock pain. The neck pain was 6/10. The diagnoses have included carpal tunnel syndrome, neck pain, epicondylitis, lumbar disc disease without myelopathy and depression. Magnetic Resonance Imaging (MRI) results noted mild facet arthropathy and ligamentum flavum enlargement at L2-3, mild compression of the thecal sac at L3-4, 50 facet arthropathy, diffuse disc bulge at L4-5. X-rays of right hip and left hip on 12/12/12 were negative. Treatments included a psychologist for depression injections, and topical and oral medication. Medications included Veniafaxine, Motrin, Zanaflex, BuSpar, Trazadone, Gabapentin, gralise, Calcium, Colace, Excedrin, Vitamin B & E, Valium, and Topamax. Trigger point injection into the trapezius and cervical brachial region with a local anesthetic was ordered for treatment. On 1/5/15, Utilization Review non-certified Trigger Point Injections Right Trapezius and Cervicobrachial Area, noting the 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:

Trigger Point Injections Right Trapezius and Cervicobrachial area: Overturned

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

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

Decision rationale: The patient, a 46-year-old female with an injury date of 11/20/11, presents with persistent shoulder, neck, and hip pain. The request is for TRIGGER POINT INJECTIONS RIGHT TRAPEZIUS AND CERVICOBRACHIAL AREA. The RFA provided is dated 12/22/14. Diagnostic studies included a lumbar spine MRI which showed multilevel spondylosis at L1-2. There was no canal stenosis or neuroforaminal narrowing. Physical examination to the shoulder showed normal ranges of motion. Physical examination to the neck revealed tenderness to palpation with 4 palpable trigger points identified along the right trapezius and cervical paraspinal muscle. Patient diagnosis included carpal tunnel syndrome, pain in joint shoulder, lateral epicondylitis, psychogenic pain, and cervicgia. There was no documented diagnosis of radiculopathy. Patient's medications included Motrin, Zanaflex, BuSpar, Trazodon, Gabapentin, and Topamax. Other treatments included acupuncture, without benefit and 6 sessions of physical therapy. Review of the reports provided did not show a prior TPI. The patient continues full duty work. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Per progress report dated 12/09/14, the patient meets several of the criteria which indicate that trigger point injections could be medically appropriate per MTUS: Documentation of circumscribed trigger points with referred pain, symptoms which persist greater than 3 months, and no diagnosis of radiculopathy. The patient has not had a TPI in the past. Therefore, this patient meets the criteria for trigger point injections. This request IS medically necessary.