

Case Number:	CM15-0112882		
Date Assigned:	06/19/2015	Date of Injury:	12/05/2002
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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 64 year old male, who sustained an industrial injury on 12/05/2002. He has reported subsequent neck, bilateral wrist and back pain and was diagnosed with lumbar and wrist sprain, cervical radiculitis, cervical disc bulge/herniation and carpal tunnel syndrome. Treatment to date has included medication and application of ice. In a progress note dated 03/10/2015, the injured worker complained of neck, low back and bilateral wrist pain. Objective findings were notable for limited range of motion of the cervical spine, myofascial trigger points in the upper trapezius on the right and a very tender focal nodule in the musculature. A trigger point injection of the right trapezius was administered. A request for authorization of retrospective trigger point injection to the right trapezius on 03/10/2015 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injection to right trapezius (DOS 03/10/15): Upheld

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

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

Decision rationale: The 64 year old patient complains of pain in cervical spine, bilateral shoulders, right elbow, bilateral wrists, bilateral hands, and lower back, as per progress report dated 05/05/15. The request is for RETROSPECTIVE TRIGGER POINT INJECTION TO RIGHT TRAPEZIUS (DOS 03/10/15). There is no RFA for this case, and the patient's date of injury is 12/05/02. Diagnoses, as per progress report dated 05/05/15, included cervical disc bulge, lumbar disc bulge, disc degeneration, lumbar sprain, wrist sprain/strain, and carpal tunnel syndrome. The patient is status post arthodesis/fusion. Medications included Dilaudid and Vicodin, as per the same progress report. The reports do not document the patient's work status. The MTUS Guidelines, on 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 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." In this case, progress reports do not indicate prior trigger point injections. An injection was administered to the patient's right trapezius, as per progress report dated 03/10/15. While progress report dated 01/06/15 documents the occasional spasms over the trapezius, none of the reports document the presence "circumscribed trigger points" with evidence upon palpation of a "twitch response" as well as referred pain, as required by guidelines. Additionally, the treater states high levels of narcotic medications are providing "relief of his significant ongoing pain." The patient, therefore, does not meet the criteria established by MTUS. This retrospective request IS NOT medically necessary.