

Case Number:	CM15-0118514		
Date Assigned:	06/26/2015	Date of Injury:	04/22/2009
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 60-year-old female who sustained an industrial injury on 04/22/2009. Diagnoses include cervical spondylosis without myelopathy, spastic torticollis, headache and post-laminectomy syndrome-cervical region. Treatment to date has included medications, Botox injections and acupuncture. She had trigger point injections in the recent past that provided 75% pain relief for four weeks. According to the progress notes dated 5/20/15, the IW reported constant, deep, sharp, aching pain that radiated to the head and neck. She rated her pain 5/10. On examination, cervical spine range of motion was normal and there was no documentation of the presence of trigger points in the cervical paraspinal or intra-scapular muscles. Sensation was intact and motor strength was 4/5 in the bilateral biceps, triceps and deltoids. A request was made for one trigger point injection c-spine/paraspinal and intra-scapular due to past success and one MRI scan without contrast C-spine to track progression of pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection C-spine/Paraspinal and Intra-scapular Qty: 1.00: 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, 122.

Decision rationale: The claimant sustained a work injury in April 2009 and continues to be treated for neck and head pain. When seen, suite was having constant pain and was having headaches. Pain was rated at 5/10. Trigger points are referenced as providing 75% pain relief lasting for four weeks. She was noting a gradual increase in pain. There was decreased cervical spine range of motion. There was decreased strength with normal sensation. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented. In terms of a repeat trigger point injection, criteria include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. The claimant is reported to have improved for only four weeks after trigger point injections and the request is not medically necessary for this reason as well.

MRI-scan without contrast C-spine Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in April 2009 and continues to be treated for neck and head pain. When seen, suite was having constant pain and was having headaches. Pain was rated at 5/10. Trigger points are referenced as providing 75% pain relief lasting for four weeks. She was noting a gradual increase in pain. There was decreased cervical spine range of motion. There was decreased strength with normal sensation. Guidelines recommend against a repeat MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had x-rays of the cervical spine and a cervical spine MRI. There is no new injury or significant change in her condition and no identified red flags that would indicate the need for a repeat scan. The request is not medically necessary.