

Case Number:	CM15-0120821		
Date Assigned:	07/01/2015	Date of Injury:	08/04/2007
Decision Date:	07/30/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This 56 year old male sustained an industrial injury on 8/04/2007. He subsequently reported neck, back, right wrist and left upper extremity pain. Diagnoses include post-cervical laminectomy syndrome and carpal tunnel syndrome. Treatments to date include x-ray and MRI testing, spine surgery, shoulder surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience bilateral wrist, head, neck, upper back, left shoulder and low back pain. The shoulder pain radiates down the left upper extremity. The examination revealed a loss of cervical lordosis. Range of motion was restricted. Trigger points were noted. Cervical facet loading was positive. There were sensory changes in the right upper extremity. A request for Trigger point injection cervical paravertebral left trapezius and Physical therapy two times six for the neck, left shoulder, bilateral wrist was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection cervical paravertebral left trapezius: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury in August 2007 and continues to be treated for head and neck, upper back, left shoulder and arm, right hand, and bilateral wrist pain. When seen, he was having radiating pain into the left upper extremity. There was decreased and painful cervical spine range of motion. There were cervical paraspinal and left trapezius muscle trigger points with positive twitch responses and radiating pain. Left-sided cervical facet loading was positive. There was decreased left shoulder range of motion with positive Speed's test and negative impingement testing. Tinel's testing was positive at the wrist bilaterally and Phalen's testing was positive on the right. There was decreased upper extremity strength and sensation. Authorization for a trigger point injection and physical therapy were requested. Medications were prescribed. Additional testing was also requested. 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 documented and prior conservative treatments have been extensive. The claimant's symptoms are chronic and have been present for more than 3 months. The request is considered medically necessary.

Physical therapy two times six for the neck, left shoulder, bilateral wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury in August 2007 and continues to be treated for head and neck, upper back, left shoulder and arm, right hand, and bilateral wrist pain. When seen, he was having radiating pain into the left upper extremity. There was decreased and painful cervical spine range of motion. There were cervical paraspinal and left trapezius muscle trigger points with positive twitch responses and radiating pain. Left-sided cervical facet loading was positive. There was decreased left shoulder range of motion with positive Speed's test and negative impingement testing. Tinel's testing was positive at the wrist bilaterally and Phalen's testing was positive on the right. There was decreased upper extremity strength and sensation. Authorization for a trigger point injection and physical therapy were requested. Medications were prescribed. Additional testing was also requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continued therapy was warranted. The request is not medically necessary.

