

Case Number:	CM15-0141759		
Date Assigned:	07/31/2015	Date of Injury:	11/22/2006
Decision Date:	10/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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: Anesthesiology, 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 is a 44-year-old female, who sustained an industrial injury on 11-22-06. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical radiculopathy; cervical pain; elbow pain; shoulder pain; carpal tunnel syndrome. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI cervical spine (8-20-14); EMG/NCV study bilateral upper extremities (9-8-14). Currently, the PR-2 notes dated 6-12-15 indicated the injured worker was seen in this office as a follow-up visit. She rates her pain with medications as 7 over 10 and without medications 9 over 10. She has no new problems or side-effects to report. She states her quality of sleep is poor. The provider documents the CURES ran on this day was consistent and appropriate. He reviews her EMG/NCV of the bilateral upper extremities on 9-8-14. It reveals no evidence of axonal denervation or cervical radiculopathy. In the right wrist, findings are consistent with borderline motor and sensory demyelinating median mononeuropathy, borderline consistent with carpal tunnel syndrome. In the left wrist, findings were consistent with borderline motor and no sensory demyelinating median mononeuropathy, borderline consistent with carpal tunnel syndrome. Otherwise normal ulnar and radial nerve conduction studies and normal electromyography studies in the upper extremities are absent findings of other mononeuropathy, cubital tunnel syndrome or polyneuropathy or cervical radiculopathy. A MRI scan of the cervical spine dated 8-20-14 showed marked straightening of the cervical lordosis suggests muscle spasm and or cervical strain. There is moderate C4-5 and C5-6 degenerative disc disease with associated endplate edema suggestive active inflammation, There is no evidence of disc herniation or neural

impingement in the cervical spine. Her physical examination is consistent with cervical radiculopathy with objective physical examination findings including decreased strength to the right C6-C8 and decreased strength noted on the right bilateral upper extremity. Cervical strain with tenderness to palpation over the paraspinal muscles with trigger point noted. She has a history of right arthroscopic rotator cuff repair and bilateral carpal tunnel syndrome with status post bilateral carpal tunnel release surgery. She has right lateral epicondylitis and status post recent right knee surgery - non-industrial. She reports fibromyalgia pain and the provider discussed she will need to follow-up with her primary physician for treatment and worker up. She is questioning the quantity of her Oxycodone and the provider explained this is a 28 day supply that should last the length of the month between her visits. He remarks he will not increase this dose and she may want to consider decreasing her Oxycodone and increasing the Fentanyl in the future. The provider is requesting authorization of Trigger point injection right trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection right trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 120.

Decision rationale: According to the MTUS, trigger point injections are 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. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff- Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia trigger point injections have not been proven effective. (Goldenberg, 2004). Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004) According to the documents available for review, the injured worker does not have a trigger point of discreet focal tenderness located in a palpable top band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Therefore, at this time the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.