

Case Number:	CM15-0173529		
Date Assigned:	09/15/2015	Date of Injury:	03/04/2003
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 60 year old female patient who sustained an industrial injury on 3-4-2003. Diagnoses include muscle spasms, cervicalgia, and forearm joint pain. Per the physician notes dated 8-14-2015 she had complaints of pain in the right shoulder blade rated 7.5-8 out of 10 with radiation across her neck and into her wrist. She stated that her pain did not usually go above a 4 out of 10, however, she has been out of Lidoderm patches and TENS patches. The physical examination revealed a reduction of range of motion in her right rotation and side bending of the cervical spine, pain to the right rhomboid and levator muscles, right posterior trapezius is painful, right scapulothoracic joint/rhomboid area is painful to touch, increased interscapular space, pain to the palpation of the levator and rhomboid, shoulders-slightly protracted, and the right scapular wing more protracted than the left. The medications list includes lidoderm patch. Her medical history includes acute myeloid leukemia. Treatment has included oral and topical medications, trigger point injections, stretching, and TENS unit therapy. Recommendations include trigger point injections, continue stretching, consider Botox injection in the future, Lidoderm patches, TENS unit electrodes, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the cervicothoracic area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain". Criteria for the use of Trigger point injections: (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." Evidence of documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. Patient had trigger point injections in the past. Evidence of a greater than 50% pain relief for six weeks after previous injection with documented evidence of functional improvement is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The medical necessity of Trigger point injections to the cervicothoracic area is not fully established for this patient and therefore is not medically necessary.