

Case Number:	CM15-0046481		
Date Assigned:	03/18/2015	Date of Injury:	06/12/2000
Decision Date:	04/23/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 06/12/2000 from carrying heavy boxes. Her diagnoses were noted as cervical and thoracic disc displacement. On provider visit dated 03/03/2015 the injured worker has reported neck pain, bilateral upper extremity pain, bilateral shoulder pain and bilateral elbow pain. The diagnoses have included degeneration of cervical intervertebral disc, neck sprain, neck pain, shoulder pain and bilateral deep cervical fascia spasms with multiple trigger points. Treatment to date has included medication, MRI of the cervical spine, MRI of thoracic spine, cervical thoracic x-ray and arthrogram of the left shoulder, lumbar spine x-rays, thoracic outlet decompression surgery and cervical CT scan. On examination, she was noted to have cervical spine tenderness and spasm in the posterior bilateral trapezial and levator scapulae. Tenderness at the left distal rhomboid and shoulder as well as a decreased range of motion was noted. The patient has had positive Spurling sign and hyperesthesia and dyesthesia in bilateral arm. The patient sustained the injury due to cumulative trauma. The patient's surgical history include thoracic outlet surgery in 2007. Patient has received an unspecified number of the Trigger point injection for this injury. The patient has had chronic neck pain with radiculopathy and numbness in bilateral arm. The patient has had cervical thoracic X-ray in 2010 that revealed loss of vertebral height and MRI revealed degenerative changes and disc protrusions. Other therapy done for this injury was not specified in the records provided. The medication lists include votaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection deep cervical fascia: Upheld

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

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

Decision rationale: 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. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. Patient has received an unspecified number of the Trigger point injection for this injury. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. Her diagnoses were noted as cervical and thoracic disc displacement and degeneration. The patient has had positive Spurling sign and hyperesthesia and dyesthesia in bilateral arm. The patient has had chronic neck pain with radiculopathy and numbness in bilateral arm. The patient has had cervical thoracic X-ray in 2010 that revealed loss of vertebral height and MRI revealed degenerative changes and disc protrusion. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The medical necessity of the request for Trigger point injection deep cervical fascia is not fully established in this patient.

