MAXIMUS Federal Services

Case Number:	CM15-0065061		
Date Assigned:	04/13/2015	Date of Injury:	05/29/2012
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: California
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 is a 37 year old female, who sustained an industrial injury on May 29, 2012. She reported hitting the top part of her head on a brick/cement block protruding from a wall. The injured worker was diagnosed as having obstructive sleep apnea, post-surgical dysphagia, acid reflux, and depression. She was status post anterior cervical discectomy and fusion at cervical 6-7 and artificial disc replacement at cervical 5-6 in 2013. Treatment to date has included MRI, electrodiagnostic studies, work modifications, physical therapy, cervical epidural steroid injections, a neck and occipital area nerve block, an occipital area and cervical 3-7 ablation procedure, and medications. On February 18, 2015, the injured worker complains of increased cervical spine pain with spasm, and positional occipital headache with nausea. The objective findings include status post anterior fusion at cervical 6-7 and artificial disc replacement at cervical 5-6 in 2013. There was a Malpatti of 3, 4. There was hyperactive jaw jerking, bruxism, dysphagia, and dysarthria. The treatment plan includes cervical spine trigger point injections x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine trigger point injections x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections if all 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." Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, the request for 8 injection exceeds the criteria recommendations of 3-4 injections per session. Given this, the requested trigger point injections are not medically necessary.