

Case Number:	CM15-0077098		
Date Assigned:	04/28/2015	Date of Injury:	11/28/1995
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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:

The injured worker is 48 year old male, who sustained an industrial injury on November 28, 1995. The injured worker has been treated for neck and upper extremity complaints. The diagnoses have included cervical spinal stenosis, cervical disc degeneration, neck pain and idiopathic scoliosis and kyphoscoliosis of the thoracic spine. Treatment to date has included medications, radiological studies, epidural steroid injection and a trigger point injection. Current documentation dated April 2, 2015 notes that the injured worker had received a right scapular trigger point injection with seventy-five percent improvement in pain, which lasted a month. The injured worker then had fifty percent improvement in pain for three months. The pain and spasms were noted to be returning. The injured worker reported neck and trapezius muscle tenderness. Examination revealed tenderness of the paravertebral and trapezius muscles and a painful and decreased range of motion. The treating physician's plan of care included a request for a right scapular trigger point injection and a cervical epidural steroid injection at C5-7 with epidurogram, insertion of catheter, fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right scapular trigger point injection: Upheld

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

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

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic neck pain. A prior trigger point injection is referenced as providing at least 50% improvement last for 3 months. When seen, physical examination findings reported were paravertebral muscle tenderness and right upper back / periscapular muscle tension. Criteria for the use of trigger point injections 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 not documented and therefore a trigger point injection is not medically necessary. Criteria for the use of trigger point injections 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 not documented and therefore the trigger point injection as well as sedation for the procedure are not medically necessary.

IV sedation: Upheld

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, 122 Page(s): 122. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic neck pain. A prior trigger point injection is referenced as providing at least 50% improvement last for 3 months. When seen, physical examination findings reported were paravertebral muscle tenderness and right upper back / periscapular muscle tension. Criteria for the use of trigger point injections 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 not documented and therefore a trigger point injection is not medically necessary. Criteria for the use of trigger point injections 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 not documented and therefore the trigger point injection as well as sedation for the procedure are not medically necessary.