

Case Number:	CM15-0090285		
Date Assigned:	05/14/2015	Date of Injury:	08/11/2004
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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

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 55 year old female injured worker suffered an industrial injury on 08/11/2004. The diagnoses included cervical and lumbar post-laminectomy syndrome, multilevel cervical herniation with stenosis and radiculitis, chronic back pain and chronic lower extremity pain. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with cervical and lumbar surgery and medications. On 12/11/2014, the treating provider reported low back pain neck pain and shoulder pain. She reported the pain had worsened with sharp pain at the base of her skull that radiated to the back of her head. She reported that she is losing sensation in her hands and her feet with increased upper extremity. The treatment plan included trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical paraspinal and trapezius trigger point injections with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines- trigger point injections.

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

Decision rationale: Based on the 12/11/14 progress report provided by treating physician, the patient presents with neck, shoulder and upper extremity pain. The request is for cervical paraspinal and trapezius trigger point injections with sedation. Patient's diagnosis per Request for Authorization form dated 11/13/14 includes cervical post laminectomy syndrome, cervical radiculopathy, and cervical spondylosis. Physical examination to the cervical spine on 12/11/14 revealed decreased range of motion, especially on extension 5 degrees. Numbness to the bilateral hands and decreased deep tendon reflexes noted on upper extremities. Positive Spurling's bilaterally. MRI of the cervical spine on 12/12/14 revealed: C4-5 broad based leftward 3-4mm disc bulge, C5-6 5-6mm disc protrusion with narrowing of left neural foramen, and C7-T1 broad based left paracentral 2-3mm disc protrusion. Patient's medications include Topamax, Norco and Soma. The patient is unable to work, per 12/11/14 report. Treatment reports were provided from 11/13/14 - 02/12/15. MTUS Guidelines, page 122, Chronic Pain Medical Treatment Guidelines support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Treater has not provided medicale rationale for the request. In this case, there is no documentation of "circumscribed trigger points" with evidence upon palpation of a "twitch response" as well as referred pain, which are required by guidelines for the requested procedure. Furthermore, the patient presents with radicular symptoms, which are not indicated according to MTUS. This request is not in accordance with guidelines, and there is lack of clinical evidence. Therefore, the request is not medically necessary.