

Case Number:	CM15-0098527		
Date Assigned:	05/29/2015	Date of Injury:	02/07/2012
Decision Date:	06/29/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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 (IW) is a 56-year-old female who sustained an industrial injury to the neck, upper back, bilateral shoulders and upper right arm on 02/07/2012. Diagnoses include neck pain with MRI evidence of multilevel disc protrusion and disc osteophyte complex, myofascial pain and spasm with trigger points of the left paracervical muscles, low back pain with radicular symptoms (reduced following lumbar epidural steroid injection), acute exacerbation of low back and left hip pain and right DeQuervain's tenosynovitis. Treatment to date has included medications, acupuncture, steroid injections and psychotherapy. According to the progress notes dated 4/2/15, the IW reported increased pain in the neck; she was having difficulty turning her head to the right. Her arm and thumb pain was unchanged. It was assumed the increase in pain stemmed from the difficulty the IW was having getting her medications from the pharmacy. She was taking Tylenol three to four times daily and the provider noted a slightly elevated ALT; she was asked to discontinue the Tylenol and take over-the-counter NSAID medications instead. She rated her pain 8-9/10 without medication and 4/10 with her prescribed medication. Her pain is reduced enough with medications to allow her to complete home-related tasks. On examination, the paracervical muscles extending to the trapezium and posterior shoulder complex were tender to palpation and a trigger point with associated jump response was present. The right shoulder was tender at the insertion of the supraspinatus tendon, range of motion (ROM) was limited due to pain and Speed's and Neer's tests were positive. A request was made for trigger point injections to the right paracervical and trapezium musculature. A progress report dated April 14, 2015 states "there are no trigger points." A progress report dated April 2, 2015 states that there is a trigger point with a jump response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger points injections to right paracervical and trapezium musculature qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there is some conflict regarding whether trigger points are present. The most recent report identifies no trigger points present, a report 2 weeks prior identifies trigger points. Additionally, there is no documentation that the patient has failed conservative treatment directed towards this area for 3 months, and no identification as to what program of functional restoration is to be used alongside the requested trigger point injections. In the absence of clarity regarding those issues, the requested trigger point injections are not medically necessary.