

Case Number:	CM14-0142323		
Date Assigned:	09/10/2014	Date of Injury:	05/17/2012
Decision Date:	10/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female who reported an injury of unknown mechanism on 05/17/2012. On 07/14/2014, her diagnoses included cervical spine myofascitis with radiculitis, rule out cervical spine disc injury, and left shoulder rotator cuff syndrome. Her complaints included continued neck pain radiating into her arms, greater on the left than on the right side. She had swelling to the left shoulder, weakness and tingling with numbness radiating down the entire left arm and hand. On examination, there was swelling of the left trapezius region with tenderness and spasms over the trapezius and scapula, into the cervical paravertebral area. She had limited motion to the cervical spine due to pain. She had previously received an epidural injection to the cervical spine, which relieved some of her neck pain, but increased the radicular pain in the left arm. The treatment plan included epidural steroid injection to the cervical spine and trigger point injection to the left trapezius region. There was no rationale included in this worker's chart. A Request for Authorization dated 07/22/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection to Left Cervical Spine x 1: Upheld

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

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

Decision rationale: The request for trigger point injection to the left cervical spine x 1 is not medically necessary. The California MTUS Guidelines recommend that trigger point injections with a local anesthetic may be recommended for the treatment of chronic neck pain with myofascial pain syndrome when all of the following criteria are met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS and muscle relaxants have failed to control the pain; radiculopathy is not present. This worker had a diagnosis of and symptoms of radiculopathy. There was no documentation of circumscribed trigger points with evidence of palpation of a twitch response as well as referred pain. There was no evidence that this worker was involved in ongoing stretching exercises, physical therapy, or the use of muscle relaxants. The clinical information submitted for review fails to meet the evidence based guidelines for trigger point injections. Therefore, this request for trigger point injections to the left cervical spine x 1 is not medical necessity.