

Case Number:	CM13-0002587		
Date Assigned:	06/06/2014	Date of Injury:	01/20/2001
Decision Date:	07/24/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/22/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 42 year old female who reported an injury on 01/20/2001 due to an unknown mechanism of injury. The injured worker complained of neck and upper back pain with migraines, mid back pain, and right elbow pain. On 05/02/2014 the physical examination revealed a palpable +2-3 myspasm in the cervical region, and cervical range of motion deficits which include, flexion at 45 degrees, extension 44 degrees, left lateral flexion 32 degrees, right lateral flexion 28 degrees, left rotation 10 degrees, and right rotation 44 degrees. There were no diagnostic studies submitted for review. The injured worker had a diagnoses of chronic pain syndrome, myalgia and myositis, and unspecified myofascial pain syndrome. The past treatment included Botox injections, chiropractic therapy, cervical fusion, and a cervical discectomy. The injured worker has tried medications and massage but the attempts did not provide pain relief. The injured worker was on the following medications Norco 10/325 mg, Naprosyn 500 mg, Frova 2.5 mg, and Imitrex 100 mg. The current treatment plan is for outpatient trigger point injection one every two months for cervical spine. The rationale was not submitted for review. The request for authorization form was dated 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

an outpatient trigger point injection one every two months for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The request for outpatient trigger point injection one every two months for cervical spine is non-medically necessary. The injured worker has a history of increasing sub occipital headaches with neck pain. The CAMTUS guidelines state that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or 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 three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; 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; frequency should not be at an interval less than two months; trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documentation stated that injured worker has gotten pain relief with trigger point injections in the past. However, there was no measurable documentation of the amount of pain relief obtained, and no indication of functional improvement after the injection was received. In addition, there was no specification of the circumscribed trigger point, nor documented evidence upon palpation of a twitch response, or referred pain. Due to lack of documentation the request for trigger point injections is not medically supported at this time. Given the above, the request for outpatient trigger point injection one every two months for cervical spine is not medically necessary.