

Case Number:	CM13-0015058		
Date Assigned:	07/07/2014	Date of Injury:	07/29/2008
Decision Date:	08/07/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/21/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 51 year old female with date of injury 7/29/2008. The mechanism of injury is stated as an assault with her head slamming to the floor. The patient has complained of chronic neck pain and stiffness in her upper shoulders since the date of injury. She has been treated with physical therapy, cervical facet joint injections and medications. MRI of the cervical spine dated 2/2012 revealed disc disease at C5-6. Objective: painful and decreased range of motion of the cervical spine, decreased sensation to pinprick in the left first and second digits, trigger points in the left and right upper back in the trapezius and rhomboid musculature noted on 7/2013 physical exam documentation. Diagnoses: cervical sprain, cervical spine facet syndrome, myofascial pain syndrome. Treatment plan and request: 4 Trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 TRIGGER POINT INJECTIONS: Upheld

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

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

Decision rationale: This 51 year old female has complained of chronic neck pain and stiffness in her upper shoulders since date of injury 7/29/2008. She has been treated with physical therapy, cervical facet joint injections and medications. The current request is for 4 trigger point injections. Per the MTUS guideline cited above, 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: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Per the available medical documentation, the presence of trigger points on examination and the diagnosis of myofascial pain syndrome have been present since 07/2013, one month prior to the date of request. Per the MTUS citation listed above, criteria number (3) above is not met as there is no documentation of physical therapy treatment, NSAID treatment and muscle relaxant treatment for this patient's myofascial syndrome nor is there documentation of failure of these treatments as required under the MTUS guidelines. On the basis of this lack of documentation, 4 trigger point injections are not indicated as medically necessary.