

Case Number:	CM13-0023069		
Date Assigned:	12/20/2013	Date of Injury:	04/24/2007
Decision Date:	10/29/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 57-year-old individual with an original industrial injury on April 24, 2007. The industrial diagnoses include chronic low back pain, lumbar radiculopathy, lumbar post laminectomy syndrome, scarring fibrosis, myofascial is, sacroiliitis, opiate dependence, and left hip pain. The patient is currently on the. Conservative treatments have included acupuncture, physical therapy, pool therapy, transcutaneous electrical nerve stimulation (TENS) unit, and activity restriction. The disputed request is for trigger point injections done on August 7, 2013. This was noncertified in a utilization review determination based upon the lack of documentation of a twitch response on palpation and documentation that more than 4 injections were done at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the lumbar spine, x10: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state on page 122-123 the following regarding trigger point injections: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004)"In the case of this injured worker, there is documentation of trigger point injections times being performed in a progress note on date of service August 7, 2013. The physical exam documented that the lumbar spine showed increased pain with all maneuvers and there was tenderness at the lumbosacral junction. There was not explicit documentation of trigger points with referred pain pattern. Although this patient may be a candidate for trigger point injections, it is in excess of guidelines to have performed 10 injections. As noted above, they should only be 3 to 4 injections per session per the Chronic Pain Medical Treatment Guidelines. This request is not medically necessary.