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| Case Number: | CM13-0037105 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/20/2000 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 65-year-old female who reported an injury on 03/20/2000. The patient is diagnosed with post-cervical pain and myofascial pain. The patient was recently evaluated on 10/15/2013. Physical examination revealed occiput tenderness, left cervical facet and axial tenderness, painful range of motion, and myofascial tenderness in the paracervical, upper trapezius, and parascapular regions. Treatment recommendations included 6 trigger point injections and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As per the clinical notes submitted, the patient's physical examination only revealed tenderness to palpation

with painful range of motion. There is no evidence of circumscribed trigger points with a twitch response, as well as referred pain. There is also no evidence of a failure to respond to medical management therapy such as stretching exercises, physical therapy, NSAIDs, and muscle relaxants. Additionally, California MTUS Guidelines do not recommend more than 3 to 4 injections per session. Therefore, the current request for 6 trigger point injections exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

1 prescription of Tizanidine 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the clinical notes submitted, there is no evidence upon physical exam of palpable muscle spasm, spasticity, or muscle tension. Therefore, the current request cannot be determined as medically appropriate. As guidelines do not recommend long-term use of this medication, the current request is non-certified.