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| Case Number: | CM13-0037289 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/01/2005 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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 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.

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 59 year old male with a date of injury of 3-1-2005. The records submitted for this review indicate that this patient suffers from chronic neck and low back pain. Recent evaluation by [REDACTED] on 8-20-2013 revealed tenderness over the cervical and lumbar spine, decreased cervical and lumbar ranges of motion, positive lumbar facet loading testing, positive twitch response in the right cervical and lumbar paraspinal muscles and decreased sensation over the right C6-8 dermatomes. Motor strength was 4/5 in the bilateral upper and lower extremities and sensation was intact in the bilateral lower extremities. Lumbar MRI performed on 6-9-2010 shows multilevel discogenic spondylosis resulting in central canal and neuroforaminal stenosis. Current medications include Norco and omeprazole. Previous treatments include cervical epidural steroid injection, medication management, acupuncture, chiropractic and physical therapy. At issue is whether trigger point injections to the right upper back and neck was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections into the right upper back and neck: Upheld

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

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

Decision rationale: "CA-MTUS (Effective July 18, 2009) page 122 of 127, section on Trigger points states : 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 injection stipulates that there should be 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. It appears that the patient underwent previous trigger point injection on 7-24-2013, which resulted in approximately 60% pain relief and increased functional capacity for 1 month. Repeat injections are not indicated at this time as per guideline. Therefore the request for Trigger point injections into the right upper back and neck was not medically necessary."