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| Case Number: | CM13-0037511 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/15/2012 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 55 year old employee with date of injury of 03/15/2012. Medical records indicate the patient is undergoing treatment for status post L5-S1 fusion, cervical spasm, cervical radiculitis, neck pain, lower back pain, L4-5 facet arthropathy and L3-4, L4-5, C5-6 and C6-7 disc protrusions. Subjective complaints include lower back pain, radicular symptoms in bilateral legs. Objective findings include decreased range of motion to the cervical spine, positive Spurling's on the right, palpable muscle spasm in the paracervical and upper trapezius with trigger points identified. Increased pain on extension and rotation with tenderness over the facet joints, left greater than right. Treatment has consisted of Flexeril, Lidocaine, Lexapro, Xanax, physical therapy, acupuncture, chiropractic care, TENS unit, epidural steroid injections, . The utilization review determination was rendered on 10/11/2013 recommending non-certification of Retrospective Repeat Trigger Pont Injections to the Paracervical Region X3 with 3ml Of 0.25% And Right Sided C3-4 C4-5 C5-6 Facet Blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REPEAT TRIGGER PONT INJECTIONS TO THE PARACERVICAL REGION X3 WITH 3ML OF 0.25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Injections

Decision rationale: 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. The documentation does not detail well-demarcated trigger points with evidence of twitch response and referred pain that has been present greater than 3 months, or the participation in physical therapy, a home exercise program, or a trial and failure of non-steroidal anti-inflammatories. The treating physician has documented the presence of radiculopathy, which is contraindication for the administration of trigger point injections. As such the request for Retrospective Repeat Trigger Point Injections to the Paracervical Region x3 with 3ml OF 0.25% is not medically necessary.

RIGHT SIDED C3-4 C4-5 C5-6 FACET BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Injections

Decision rationale: 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. The documentation does not detail well-demarcated trigger points with evidence of twitch response and referred pain that has been present greater than 3 months, or the participation in physical therapy, a home exercise program, or a trial and failure of non-steroidal anti-inflammatories.

The treating physician has documented the presence of radiculopathy, which is contraindication for the administration of trigger point injections. As such the request for Retrospective Repeat Trigger Pont Injections to the Paracervical Region x3 with 3ml OF 0.25% is not medically necessary.