

Case Number:	CM13-0039721		
Date Assigned:	12/20/2013	Date of Injury:	10/08/1998
Decision Date:	02/03/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 61-year-old male who reported an injury on 10/08/1998. The patient is currently diagnosed with myofascial pain syndrome in the upper back and neck muscles. The patient was recently seen by [REDACTED] on 09/10/2013. The patient reported 2-3/10 pain. Physical examination revealed mild tenderness to palpation along the bilateral upper back and neck musculature, right trapezius region, positive twitching response elicited upon palpation, negative facet loading, intact sensation in bilateral upper and lower extremities, and 5/5 strength throughout. Treatment recommendations included repeat trigger point injections into the upper back and neck musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat trigger point injections into the bilateral upper back and neck musculature: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state trigger point injections are not recommended in the absence of myofascial pain syndrome. As per the clinical notes submitted, the patient underwent trigger point injections on 03/19/2013. There is no objective measurable documentation of improvement following the initial series of trigger point injections. The patient demonstrated only mild tenderness to palpation upon recent physical examination. There is also no documentation of a failure to respond to recent conservative treatment such as stretching exercises, physical therapy, NSAIDS, and muscle relaxants. Based on the clinical information received, the current request is non-certified.