

Case Number:	CM13-0045773		
Date Assigned:	06/09/2014	Date of Injury:	07/30/2001
Decision Date:	07/31/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 43-year-old male with an industrial injury on July 30, 2001. The accepted body regions on this claim include the head, trunk, left hip, left lower leg, upper back, and lower back. There had been prior documentation of 50% pain relief with previous trigger point injections performed on July 22, 2013. The utilization review determination had denied the request for additional trigger point injections. The stated rationale was that there was no documentation of functional improvement with an actual return to some form of work or reduction in opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS(4) IN THORACIC MUSCLES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Section Page(s): 122-123.

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 previous trigger point injection on July 22, 2013. There is documentation of 50% pain relief. In terms of work status, the patient has been off work since 2001. Therefore, although functional improvement needs to be demonstrated, it is unrealistic in this case for functional improvement to take the form of returning to work as this patient is on disability. Rather, functional improvement can take the form of improved activities of daily living or a medication reduction. An appeal letter on 10/31/2013 documents that the patient had improvement in her activities of daily living and was able to sleep better. This fact, coupled with the fact that the patient has been on other conservative care is and has physical examination consistent with trigger points in the thoracic spine, make this requests medically necessary.