

Case Number:	CM13-0051263		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2003
Decision Date:	03/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/14/2013

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 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. 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 is a patient with a date of injury of 2/7/03. A utilization review determination dated 9/27/13 recommends non-certification of trigger point injections. A 9/19/13 progress report notes neck pain and stiffness as well as unspecified numbness, weakness, and tingling. Pain is rated 4/10. On exam, multiple trigger points are noted. Diagnoses include cervical, postlaminectomy; cervical radiculitis; cervical spondylosis/facet; and fibromyalgia/myofascial pain. Pain is noted to be 70% better after trigger point injections for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Trigger Point Injections to the Cervical and Shoulder Regions, involving more than 3 muscles: Right semi-spinalis capitis, bilateral levator scapulae, anterior scalene and upper trapezius (unspecified number of injections to each region): 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 Page(s): 122..

Decision rationale: Regarding the request for trigger point injections, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of

conservative treatment provided trigger points are present on physical examination, defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. They also note that radiculopathy should not be present and there should be no more than 3-4 injections per session. Repeat injections require greater than 50% pain relief for six weeks after prior injection along with evidence of functional improvement, and frequency should not be at an interval less than two months. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is documentation of radiculopathy and, while there is mention of 70% pain relief for 2 months, this is not clearly corroborated by prior medical reports and no evidence of functional improvement is documented. Finally, the documentation does not identify that the injections will be limited to no more than 3-4 injections per sessions. In light of the above issues, the requested trigger point injections are not medically necessary.