

Case Number:	CM13-0051442		
Date Assigned:	12/27/2013	Date of Injury:	09/16/1995
Decision Date:	06/02/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

Treatment to date has included oral and topical analgesics, facet rhizotomies, trigger point injections, radiofrequency thermoregulation and physical therapy. Medical records from 2012 to 2013 were reviewed and showed chronic axial low back pain. Physical examination findings include limitation of motion of the cervical and lumbar spines and shoulder abduction; tenderness over the cervical musculature on the right and trapezius; tenderness with increased muscle rigidity of the bilateral shoulders, palpable trigger points with a discrete focal tenderness in a palpable taut band of skeletal muscle that produced a local twitch in response to stimulus to the band; and lumbar pain with facet loading. The patient was determined to have chronic myofascial pain in the posterior cervical and posterior lumbar musculature which is being treated with trigger point injections noted as far back as October 2012. The latest trigger point injections were given on October 1, 2013 which provided relief for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FOUR (4) TRIGGER POINT INJECTIONS WITH A DATE OF SERVICE OF 10/01/2013: Upheld

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

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

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended for myofascial pain syndrome with evidence of circumscribed trigger points and positive twitch response with pain. In this case, the patient was being treated for chronic myofascial pain in the medial scapular region which medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and/or muscle relaxants have failed to control according to a progress report on October 29, 2012. However, there was no evidence to support these claims. The patient previously had trigger point injections but the specific functional gains from previous injections were not indicated. Therefore the request for 4 trigger point injections with a date of service of October 1, 2013 was not medically necessary.