

Case Number:	CM13-0058072		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2012
Decision Date:	04/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Florida. 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 patient is a 42-year-old male who reported an injury on 05/31/2012. The mechanism of injury was noted to be a slip and fall. The examination of 10/24/2013 revealed objectively that examination of the cervical spine revealed the patient had tenderness to palpation with increased muscle rigidity and there were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles, upper trapezius, and medial scapular regions bilaterally. The physical examination of the lumbar spine revealed the patient had tenderness to palpation bilaterally with increased muscle rigidity with numerous trigger points, which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. There was noted muscle guarding with range of motion testing. The patient's diagnoses were noted to include lumbar spine myofascial injury and cervical spine sprain/strain. The physician documented that the patient had chronic greater than 3 month myofascial pain in the posterior cervical and posterior lumbar musculature which medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and/or muscle relaxants had failed to control. The patient had palpation trigger point with discrete focal tenderness located in the palpable taut band of the skeletal muscle producing a local twitch response in response to stimulus of the band. The treatment request included 4 trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR FOUR (4) TRIGGER POINT INJECTIONS FOR THE CERVICAL AND LUMBAR SPINE ON 10/24/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121, 122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neurological testing). The clinical documentation submitted for review indicated the patient had a sensory examination that was decreased along the postero-lateral side of thigh and posterolateral calf on the left in the approximately L5-S1 distribution in comparison to the right. The results of the straight leg raise test were illegible. The clinical documentation noted that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants had failed to control pain. The patient had palpation trigger point with discrete focal tenderness located in the palpable taut band of the skeletal muscle producing a local twitch response in response to stimulus of the band. While the physician noted that the patient had circumscribed trigger points with evidence upon palpation of a twitch response, there was a lack of documentation indicating the patient had referred pain. There was a lack of documentation indicating the patient did not have radiculopathy as the patient had decreased sensation upon Wartenberg pinwheel examination. Additionally, the patient's motor testing was 4+/5 on the left lower extremity. Given the above, the request for four (4) trigger point injections for the cervical and lumbar spine on 10/24/2013 is not medically necessary and appropriate.