

Case Number:	CM13-0065177		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2008
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 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:

This is a 51 year-old female who was injured on 8/4/2008. She has been diagnosed with occipital neuralgia; myofasciitis; cervical/thoracic muscle spasm; cervicgia; cervical postlaminectomy syndrome; and cervical radiculitis. According to the 8/14/13 pain management report from [REDACTED], the patient was being treated by a physician in [REDACTED], but has now moved to [REDACTED] and would like to continue interventional pain management. [REDACTED] recommends chiropractic care, medications, massage therapy 1-2x/month for 6-months; bilateral occipital steroid injections with ultrasound guidance; bilateral cervical/thoracic trigger point injections once per week for 3-weeks with ultrasound guidance. There was no physical examination provided with the 8/14/13 report. On 11/12/13 UR recommended non-certification for the weekly trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TRIGGER POINT INJECTION ONCE A WEEK FOR THREE WEEKS WITH ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CALIFORNIA MTUS GUIDELINES, WEB-BASED EDITION.

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

Decision rationale: The patient is reported to have chronic neck pain and cervical radiculitis. A review for trigger point injections once a week for 3- weeks has been requested. The 8/14/13 report that requested the trigger point injections did not provide a physical exam, and therefore there was no documentation of trigger points with twitch response. MTUS discusses trigger point injections on page 122 of the chronic pain guidelines. There are 8 criteria and all must be met. The first item, is that trigger points must be identified on physical exam with palpation and twitch response; another item, is that radiculopathy must not be present; and no repeat injections unless greater than 50% pain relief is obtained for 6-weeks and there is documentation of functional improvement; and the frequency should not be at an interval less than 2 months. The request is not in accordance with any of these criteria. Additionally, trigger points are identified by palpation, and not ultrasound, so ultrasound guidance does not appear necessary, and is not the generally accepted standard of medical practice.