

Case Number:	CM13-0067799		
Date Assigned:	01/03/2014	Date of Injury:	12/15/2011
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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 Medicine 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 injured worker is a 50-year-old female who reported injury on 12/15/2011. The mechanism of injury was not provided. The documentation of 01/10/2014 as the trigger point injection justification indicated the trigger point injections allowed the injured worker to decrease pain levels, prevent the need for narcotic medications, increase sitting time, improve quality and length of sleep, and increase walking distances. There was no DWC Form RFA or PR-2 submitted with an original date of the request. It was noted that the last set of trigger point injections provided greater than 6 weeks of 50% relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION TO THE BILATERAL TRAPEZIUS (X4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS, 122

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

Decision rationale: The California MTUS Guidelines recommend trigger point injection injections for myofascial pain syndrome, and they are not recommended for radicular pain. There

should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response with referred pain. There are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection, and there should be documented evidence of functional improvement. The clinical documentation submitted for review indicated the injured worker had a set of trigger point injections which provided greater than 6 weeks and greater than 50% relief. There was a lack of documentation indicating whether that was prior to the date of requested service or whether those were the injections that were received in 12/2013. There was a lack of documentation indicating the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response with referred pain. The request for trigger point injections is not medically necessary.