

Case Number:	CM13-0069035		
Date Assigned:	01/03/2014	Date of Injury:	01/11/2006
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 44-year-old male with a date of injury of 01/11/2006. The listed diagnoses per [REDACTED] are: 1. Chronic myofascial pain syndrome, thoracolumbar spine. 2. Bilateral L5 radiculopathy. 3. Right S1 radiculopathy. According to the 10/29/2013 progress report by [REDACTED], the patient presents with constant upper and lower back pain that has varied from 6/10 to 7/10 on a pain scale without medication. He indicates he has been getting greater than 50% pain relief with the trigger point injections in terms of his thoracic spine area. Examination revealed range of motion of the thoracic spine was slightly restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as the gluteal muscles. Patient was not able to perform toe gait with the right foot. Sensation to fine touch and pinprick was decreased in the posterior aspect of the right thigh and calf as well as the dorsum and plantar surfaces of the right foot. The treating physician requests trigger point injection in the thoracic muscle. Utilization review denied the request on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS IN THE THORACIC MUSCLES: 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 MTUS under its chronic pain section has the followin.

Decision rationale: This patient presents with chronic upper and lower back pain. The treating physician is requesting a repeat trigger point injection in the thoracic muscles. The utilization review from 12/11/2013 denied the request stating, "Trigger point injections have been routinely denied since they were first proven to be of no significant benefit to the patient." The MTUS Guidelines, page 122, under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the treating physician describes trigger points and taut bands but does not provide evidence of "twitch response" as required by MTUS. Furthermore, the patient has a diagnosis of radiculopathy. MTUS allows for trigger point injections for non-radicular pain. Recommendation is for denial. The trigger point injections in the thoracic muscles are not medically necessary.