

Case Number:	CM14-0001255		
Date Assigned:	01/22/2014	Date of Injury:	05/24/2013
Decision Date:	06/12/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/03/2014

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 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:

The injured worker is a 38-year-old male who reported an injury on 05/24/2012. The mechanism of injury was not stated. The current diagnoses include complex regional pain syndrome in the right upper extremity, right upper extremity neuralgia, myofascitis, and situational depression. The injured worker was evaluated on 10/30/2013. The injured worker reported a reduction in pain and spasm for approximately 1 week following trigger point injections. Physical examination revealed moderate to severe myofascitis, painful manipulation of the shoulder joint, allodynia, hyperpathia, trace edema, hyperhidrosis and discoloration of the right arm, painful manipulation of the right wrist, and negative Homans sign. Treatment recommendations at that time included 10 ultrasound guided trigger point injections into the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF 10 TRIGGER POINT INJECTIONS PERFORMED AT EACH SESSION: 10/23/13, 10/30/13, 11/13/13, 11/25/13 AND ONGOING BIMONTHLY TPI (TRIGGER POINT INJECTIONS)- ALL INJECTIONS ARE PERFORMED UNDER FLUOROSCOPY: Upheld

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

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

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. They are not recommended for radicular pain. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should also be evidence of a failure to respond to medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. As per the documentation submitted, the injured worker has received multiple trigger point injections into the cervical spine. However, the injured worker returns on 10/30/2013 with 7/10 pain. There was no documentation of objective functional improvement. Additionally, there was no evidence of circumscribed trigger points with a twitch response as well as referred pain upon physical examination. California MTUS Guidelines recommend no more than 3 to 4 injections per session. There should be documentation of at least 50% pain relief for 6 weeks following an initial injection with documented evidence of functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.