

Case Number:	CM14-0002406		
Date Assigned:	02/04/2014	Date of Injury:	05/12/2008
Decision Date:	06/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 48 year old female with a reported date of injury on 05/12/2008. The mechanism of injury was reportedly caused by psychiatric trauma. The injured worker complained of cervical pain. The injured worker's diagnoses included status post cervical fusion with radiculopathy, cervical myofasciitis, fibromyalgia, and lumbar strain and sprain with possible lumbar radiculopathy, depressive disorder and personality disorder. The injured worker's medication regimen included Robaxin, Cymbalta, Lyrica, OxyContin and Percocet. The request for authorization for ultrasound guided lumbar spine trigger point injections x 10 was submitted on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED LUMBAR SPINE TRIGGER POINT INJECTIONS X 10:

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,

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

Decision rationale: The CA MTUS guidelines recommend trigger point injections for myofascial pain syndrome with limited lasting value. Trigger point injections are not recommended for radicular pain. The guidelines note there should be documentation of effected trigger points with evidence upon palpation of a twitch response, as well as referred pain symptoms that have persisted for more than three months. The guidelines do not recommend repeat injections unless a greater than 50% pain relief has been obtained for six weeks after an injection and there is documented evidence of functional improvement. Furthermore, the guidelines do not recommend more than 3-4 injections per session. The request for 10 trigger point injections exceeds the recommended guidelines. In addition, the injured worker has been receiving trigger point injections since 2012. The guidelines do not recommend repeat injections unless a greater than 50% pain relief has been obtained for six weeks after an injection, and there is documented evidence of functional improvement; within the provider medical records there is a lack of documentation provided regarding the functional improvements or length of pain relief related to previous injections. Therefore, the request for ultrasound guided lumbar spine trigger point injections is not medically necessary.