

Case Number:	CM14-0014805		
Date Assigned:	02/28/2014	Date of Injury:	06/07/2000
Decision Date:	08/18/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 67-year-old female who has severe constant neck pain and severe headaches. She suffered a whiplash injury in June of 2000, while administering a driving test at the motor vehicle department. She has known degenerative disc disease, multilevel facet disease and mild spinal stenosis. She is post two fusions- one in 2004 at C4-5, the other in 2005 at C5-6, C6-7. She additionally has cervicogenic headaches, myalgia, and myositis, unspecified. She does not currently have radiculopathy. She has failed multiple conservative treatments including anti-inflammatories, physical therapy, chiropractic treatment, acupuncture, cervical epidural, medial branch blocks, and radiofrequency ablation. She has either obtained inadequate relief or no relief with these treatments. She chronically uses opiates. A progress note dated January 17, 2014 describes 12 trigger point injections that were placed at multiple sites within the neck and shoulders. The sites injected include Semispinalis capitis, splenius capitis, splenius, Trapezius and Levator Scapulae. The solution injected was a mixture including Bupivacaine 0.25% & Sarapin in a 50-50 ratio. 1 ml was injected per site. There are no follow-up Records conveying whether or not the patient benefited from these Trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL DESENSITIZATION THERAPY WITH SERAPIN AND BUPIVICAINE, DOS 1/17/14; THREE AUTHORIZED; TWELVE PERFORMED, (RETRO-REVIEW: WERE THE ADDITIONAL NINE INJECTIONS MEDICALLY NECESSARY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS states trigger point injections with a local anesthetic may be recommended for the treatment of neck pain with myofascial pain syndrome when all the following criteria are met: 1) documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain 2) symptoms have persisted for more than three months; 3) medical management therapies such as ongoing stretching exercises, physical therapy, anti-inflammatories and muscle relaxants have failed to control pain; 4) Radiculopathy is not present (by exam, imaging, or neuro-testing); 5) not more than 3 to 4 injections per session; 6) no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) frequency should not be added at an interval less than two months; 8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. This patient does meet some of this criterion. She has myofascial pain of long term duration, no evidence of radiculopathy. She has failed multiple treatments, and is doing home stretching exercises. There is however, no documentation of the specific trigger points and a discussion of a twitch response. The 12 injections do exceed the recommended 3-4 injections per session and the Sarapin added to the solution is not recommended. For these reasons the retrospective request to cover the trigger points is not found to be medically necessary.

TRIGGER POINT INJECTIONS X 3 WITH OFFICE VISIT TO ADMINISTER INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

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