

Case Number:	CM14-0018729		
Date Assigned:	04/18/2014	Date of Injury:	06/17/2006
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine, 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:

According to the records made available for review, this is a 31-year-old female with a 6/17/06 date of injury. At the time (1/16/14) of request for authorization for trigger point injections to the low back and neck paraspinal muscles, there is documentation of subjective complaints of pain in the neck that radiates over the top of the head and causes frontal headaches; pain in the low back and objective findings of the cervical spine being restricted in all planes with increased pain, muscle guarding, decreased sensation to light touch in the C6-7 dermatome bilaterally, decreased strength in the right hand, muscle guarding to the paraspinal muscles with multiple trigger points that are tender to palpation spanning across the cervical, supraspinatus, and levator muscles bilaterally. Her current diagnoses are cervical disc displacement, degeneration of cervical disc, degeneration of lumbar intervertebral disc, pelvic/hip pain, and neck pain, and treatment to date has been medications, including ibuprofen and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE LOW BACK AND NECK PARASPINOUS MUSCLES: 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
TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that trigger point injections may be recommended with documentation of myofascial pain syndrome, circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms that have persisted for more than three months, no radiculopathy, failure of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants to control pain. Also, no more than 3-4 injections should be given per session. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement, degeneration of cervical disc, degeneration of lumbar intervertebral disc, pelvic/hip pain, and neck pain. In addition, there is documentation that symptoms have persisted for more than three months and that medical management therapy such as NSAIDs and muscle relaxants have failed to control pain. However, there is no documentation of myofascial pain syndrome, circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, and that additional medical management therapies such as ongoing stretching exercises, and physical therapy have failed to control pain. In addition, given documentation of decreased sensation to light touch in the C6-7 dermatome bilaterally, and decreased strength in the right hand, there is no documentation that radiculopathy is not present. Furthermore, given that there is no documentation of the number of injections requested, there is no guarantee that no more than 3-4 injections are to be done in this session. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections to the low back and neck paraspinal muscles is not medically necessary.