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| Case Number: | CM14-0019298 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 10/05/2011 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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, 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 58 year old female that reported an injury to her shoulders, neck and back on 10/05/2011. Within the clinical note dated 09/06/2013 the injured worker reported pain in her head, neck and low back rated 7-8/10, difficulty sleeping, and her depression rated 6/10. The physical exam reported the injured worker's cervical and lumbar spine were slightly restricted. During the clinical visit dated 09/06/2013 the injured worker received trigger point injections in the cervical and lumbar muscles. Within the clinical note dated 11/01/2013 the injured worker reported her pain was reduced by 50% in her cervical and lumbar back following the trigger point injections, but still had difficulty sleeping, and her depression rated 5/10. The physical exam reported the injured worker's cervical and lumbar spine were slightly restricted. The request for authorization was not found within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS IN CERVICAL AND THORACIC/LUMBAR SPINES

DOS: 11/01/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TRIGGER POINT INJECTIONS.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. MTUS Chronic Pain Guidelines do not recommend repeat injections unless there is a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Within the submitted documentation there has not been evidence that the injured worker has utilized physical therapy nor exhausted conservative care. In addition, the clinical note from 09/06/2013 reported the injured worker had difficulty sleeping and in the clinical note dated 11/01/2013 she reported no improvement in her ability to sleep. When comparing the efficacy of the previous trigger point injections on 09/06/2013 and the clinical notes on 11/01/2013, the physical exam reported the same objective findings in range of movement and the scale used to measure the reported pain from the injured worker was not the same and lacked consistency. Thus, the documentation is unclear on the specific amount of relief and there was no documented functional improvement. Hence, the request is not medically necessary and appropriate.