

Case Number:	CM14-0112506		
Date Assigned:	09/16/2014	Date of Injury:	07/03/2013
Decision Date:	10/20/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with date of injury of 07/03/2013. The listed diagnoses per [REDACTED] from 05/13/2014 are: 1. Lumbar spine sprain/strain. 2. Axial lower back pain, rule out facet arthropathy versus discogenic pain. 3. MRI finding of disk bulges at L2-L3, L3-L4, L4-L5, and L5-S1. 4. MRI finding of a facet hypertrophy throughout the lumbar spine. 5. Cervical spine sprain/strain. 6. MRI finding of disk protrusion, C2-C3, C3-C4, C4-C5, C5-C6, C6-C7. 7. Bilateral shoulder pain with internal derangement. 8. Bilateral trochanteric bursitis. According to this report, the patient complains of neck, bilateral shoulder, and low back pain. She states that her symptoms are still the same and that it interferes with her daily activities and sleep. The patient describes her pain as sharp with an intensity of 7/10. The pain gets worse with activity, and she gets relief with medications and rest. Examination shows paracervical muscle spasms and tenderness. Tenderness noted over the superior upper border of the trapezius muscles on both sides, but more on the left side. Sensation is grossly intact in both upper extremities. Tenderness noted over the L4-L5, L5-S1 facet area bilaterally. Facet loading is positive for pain in the lower lumbar region. Sensation is grossly intact in both lower extremities. There is tenderness over the trochanteric area bilaterally. The utilization review denied the request on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, Llc; Corpus Christi,TxWWW.odg-twc.com Section: Pain(Chronic) (Updated 6/10/2014)ACOEM- <https://www.acoempracguides.org> ; Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders.

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

Decision rationale: This patient presents with neck, bilateral shoulder, and low back pain. The treater is requesting trigger-point injections. The MTUS Guidelines page 122 under its Chronic Pain Section states that trigger-point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points defined as "evidence upon palpation of a twitch response as well as referred pain"; symptoms persisting more than 3 months; failure of medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The 05/13/2014 report notes paracervical muscle spasms and tenderness including tenderness over the superior upper border of the trapezius muscles on both sides. No radiculopathy was noted. Tenderness was also noted over the L4-L5, L5-S1 facet area bilaterally. The records show that the treater performed 3 trigger-point injections over the superior upper border of the trapezius muscles on the left side on 05/13/2014 and it was noted that the patient "failed to get relief." It appears that the treater is requesting a retrospective request for the trigger point injections performed on 05/13/2014. In this case, the treater does not document "twitch response as well as referred pain" upon palpation on examination. Instead, there is tenderness over facet joints. Facet joints do not respond to trigger point injections. Examination does not support a diagnosis of myofascial pain with trigger points. The request is not medically necessary.