

Case Number:	CM14-0113681		
Date Assigned:	08/01/2014	Date of Injury:	12/12/2012
Decision Date:	10/01/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/19/2014

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:

This patient is a 54 year old female employee with date of injury of 12/12/2012. A review of the medical records indicates that the patient is undergoing treatment for neck sprain. Subjective complaints include pain in right shoulder, upper arm, upper and lower back (rated 6/10 on 5/27/2014); quick shooting electrical sensation in the left side of her face and neck about two or three times a week (5/27/2014). Objective findings include (5/27/2014) pain in cervical region with extreme rotation and extension; diffuse cervical, trapezial, and thoracic paraspinal tenderness; tenderness in rhomboids. Treatment has included NSAIDS (Aspirin, Ibuprofen, Tylenol) for pain control and Citalopram. Improvement reported with chiropractic treatment (11/11/2013 to 1/14/2014). Further improvement reported with acupuncture (3/4/2014). The utilization review dated 6/23/2014 non-certified the request for Trigger point injections right and left cervical Paraspinals, Thoracic spine due to lack of specified trigger points and lack of suggested process for identifying trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections right and left cervical Paraspinals, Thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 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 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. The treating physician has not provided clinical evidence of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain". While symptoms appear to have been present for greater than three months, it is documented that physical therapy was successful in reducing pain. Subjective complaints of radiculopathy are present. The medical notes do not specify the number of injections that the patient will receive per session or the interval. The number of injections is required to determine if MTUS guidelines are met. The treating physician writes "no corticosteroid will be used", but it is unclear if only local anesthetic would be used. As such, the request for Trigger point injections right and left cervical Paraspinals, Thoracic spine is not medically necessary.