MAXIMUS Federal Services

Case Number:	CM14-0125180		
Date Assigned:	08/11/2014	Date of Injury:	10/14/1993
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Pain 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:

The injured worker is a 53-year-old female who reported an injury on 10/14/1993 due to unspecified cause of injury. The injured worker had a history of lower back pain. The diagnoses included myofascial pain syndrome, bilateral hip pain, neck pain, back pain, left knee pain, degenerative joint disease to the right knee, right rotator cuff sprain/strain, dislocated right shoulder, labral tear anterior to the right, a right ankle sprain/strain, disc degeneration of the lumbar/lumbosacral, sacroiliitis, lumbar radiculitis, and cervical radiculopathy. The past surgeries included status post arthroscopic superior labral anterior posterior right shoulder repair, a status post arthroscopic shoulder right capsulorrhaphy and a status post right shoulder arthroscopic debridement. The MRI dated 02/25/2014 revealed a supraspinatus and long head of the biceps tendinosis, partial thickness under surface footprint tear of the anterior distal supraspinatus tendon and fraying of the posterior glenoid labrum. The past treatment included trigger point injections and cold packs. The objective findings to the lumbar spine dated 07/10/2014 revealed limitations in range of extension with the lateral rotation bilaterally, normal gait, tone and pulses bilateral to lower extremities normal. The motor examination revealed a 5/5 bilaterally to lower extremities. Sensory examination revealed intact with light touch bilaterally to lower extremities, reflexes were a 1+ and symmetric bilaterally to lower extremities. There were discrete trigger points noted to the posterior superior iliac spine as well as the iliolumbar ligament at the L5 paraspinal muscle area with no spinal tenderness noted. The medications included Lidoderm 5% patch, Valium, Lamictal tabs, and Haldol. No visual analog scale (VAS) provided. The treatment plan included trigger point injections and physical therapy. The Request for Authorization dated 07/15/2014 was submitted with documentation. The rationale for the trigger point injections was that the injured worker reported getting relief from the trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. Per the documentation provided the injured worker had not failed all conservative treatment. The injured worker had not had any physical therapy. The injured worker denied any numbness, tingling or weakness associated with her back pain. Per the documentation provided, the injured worker had already had prior trigger point injections with no documentation for the percentage of relief. The documentation was not evident that the injured worker had been taking non-steroidal anti-inflammatory medications. The request did not indicate which trigger points were to be injected.