

Case Number:	CM14-0131291		
Date Assigned:	08/20/2014	Date of Injury:	01/25/1996
Decision Date:	09/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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 Texas & Oklahoma. 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 78 year old female who reported an injury on 01/24/1996. The mechanism of injury was not provided. The injured worker was diagnosed with cervical stenosis on RFA dated 05/15/2014. Prior treatments included trigger point injections and medications. Diagnostic studies included an x-ray of the cervical spine, and an MRI of the cervical spine which was performed on 05/11/2014. The injured worker complained of neck pain that radiated into her shoulder. On the clinical note dated 06/12/2014 the injured worker had tenderness to palpitation bilaterally to the cervical paraspinal musculature. The injured worker was guarded in range of motion to the cervical spine. The injured worker was prescribed amitriptyline 25mg 1-2 tabs at bedtime, diclofenac 100mg once daily, and ultracet 37.5/325 mg every 4-6 hours for pain noted on physician request dated 07/11/2014. The treatment plan was for trigger point injections and a pain management referral. The rationale for the request was to better control and treat her symptoms. The request for authorization was submitted on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections retro 06/12/14: Upheld

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

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

Decision rationale: The California MTUS guidelines recommended Trigger point injections with a local anesthetic for the treatment of chronic low back or neck pain with myofascial pain syndrome. The guidelines note there should be 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, and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Radiculopathy should not be present by exam, imaging, or neuro-testing. The guidelines recommend no more than 3-4 injections per session. Repeat injections should not be performed unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, frequency should not be at an interval less than two months. The injured worker was given trigger point injections on 05/15/2014 and then on 06/12/2014 which is an interval of less than two months. There is a lack of documentation quantifying the pain relief and the length of time for relief with the prior injections as well as documentation of improved function. As such, the request for Trigger point injections retro 06/12/2014 is not medically necessary.

Pain Management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 pg 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required if the condition or pain does not improve while on opioids in 3 months. The injured worker's medical records lack documentation of the injured worker's rating of pain before and after medications, the time frame of benefits from trigger point injections, and documentation of the injured worker's loss of ability to function. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for Pain Management referral is not medically necessary.