

Case Number:	CM14-0139955		
Date Assigned:	09/08/2014	Date of Injury:	12/09/2012
Decision Date:	11/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 and 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 patient is a 39 year old male who sustained an industrial injury on 12/09/2012. According to the progress report dated 7/24/2014, diagnoses: industrial injury 12/9/2012 with thoracic strain with muscle spasm, lumbar sprain and strain, right foot contusion, buttock contusion with piriformis myofascial pain syndrome, back pain with left L5 facet dysfunction, right foot pain plantar fasciitis and suspect tarsal tunnel syndrome, left tarsal tunnel syndrome, left plantar fasciitis; cumulative trauma injury 3/7/2014 with cervical strain headaches left shoulder strain, right shoulder strain as of 7/24/2014; nonindustrial diabetes mellitus and hypertension. The patient's pain is stable. He is allowed to work full time at regular duties. He takes acetaminophen as needed to reduce pain. Low back pain continues to radiate to the buttock area and trigger point injections to the trapezius, rhomboid and levator scapulae bilaterally, will be requested to reduce pain. Walking and standing for prolonged periods continue to aggravate pain. Physical therapy will start next week to reduce lower back pain. Neck pain increases with work-related activities. Headaches are associated with neck pain. Examination documents tenderness with taught bands found at myofascial trigger points with twitch responses in the levator scapular, trapezius and rhomboid muscles causing radiating pain to the posterior scapula and neck, mild tenderness and mild paravertebral spasm of the thoracic spine, tenderness along left sciatic nerve. Normal gait, 4/5 strength in left ankle dorsiflexors and left toe extensors, reduced vibratory sensory in left foot, provoked Tinel's paresthesia in left tarsal tunnel and pressure over the abductor hallucis provokes paresthesias in the left foot; 2/4 DTRs, and no muscle atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections into the trapezius, rhomboid and levator scapula muscles (left) x3:
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): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Trigger Point Injection (TPIs).

Decision rationale: According to the CA MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome when particular criteria are met, and these injections have limited lasting value. 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 several criteria have been met, which include: (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. The 7/24/2014 documents the presence of trigger points on examination. However, the medical records do not establish these symptoms have persisted for at least 3 month. Also, the medical records do not support that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The patient was scheduled to begin a course of physical therapy on 8/4/2014 and there is no mention of utilization of a self-care HEP program. The medical records do not establish this patient's trigger point symptoms have failed to respond non-invasive measures. Therefore, the request for injection is not medically necessary. The request is not medically necessary and appropriate.

Trigger point injections into the trapezius, rhomboid and levator scapula muscles (right) x3:
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): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Trigger Point Injection (TPIs).

Decision rationale: According to the CA MTUS guidelines, trigger point injection is recommended only for myofascial pain syndrome when particular criteria are met, and these injections have limited lasting value. 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 several criteria have been met, which include: (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.

The 7/24/2014 documents the presence of trigger points on examination. However, the medical records do not establish these symptoms have persisted for at least 3 month. Also, the medical records do not support that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The patient was scheduled to begin a course of physical therapy on 8/4/2014 and there is no mention of utilization of a self-care HEP program. The medical records do not establish this patient's trigger point symptoms have failed to respond non-invasive measures. Therefore, the request for injection is not medically necessary. The request is not medically necessary and appropriate.