

Case Number:	CM14-0139962		
Date Assigned:	09/08/2014	Date of Injury:	07/12/2007
Decision Date:	10/03/2014	UR Denial Date:	08/04/2014
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 Orthopedic Surgeon, and is licensed to practice in Arizona. 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 is a 63-year-old female with a date of injury on 7/12/2007 secondary to cumulative trauma. The patient complains of neck pain, bilateral carpal tunnel syndrome, frozen shoulder, bilateral knee pain and low back pain with radiation to both legs. Progress note of 7/1/2014 states the patient is having constant severe back pain and leg radiculopathies as well as constant severe neck pain with severe headaches and arm numbness with finger aching. Due to the pain the patient was experiencing, the provider gave her 10 injections which he called trigger point injections to both sides of the lumbar spine to calm down some of her current severe pain and allow her to be slightly more functional until she can proceed with surgery. The patient was scheduled for a/ two-level cervical fusion which was performed on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO BILATERAL LUMBAR SPINE QUANTITY:

10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

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

Decision rationale: The chronic pain guidelines state that trigger point injections are only for myofascial pain syndrome. They are not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle which produces a local twitch response to stimulus to the band. The criteria for the use of trigger point injections include documentation of a circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain. There is no documentation in the medical record that the patient had any such trigger points. Another criterion is that radiculopathy is not present. This patient carries a diagnosis of lumbar radiculopathy. Another criteria is that no more than 3-4 injections are given and one session. This patient had 10 injections done. Therefore, according to the criteria laid out in the chronic pain guidelines, the medical necessity for trigger point injections has not been established.