

Case Number:	CM14-0151318		
Date Assigned:	09/19/2014	Date of Injury:	04/23/2003
Decision Date:	12/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 48 year old male with date of injury 4/23/2003. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and lower back pain with radiation into the bilateral lower extremities since the date of injury. He has had a right shoulder arthroscopic surgery in 1992 and 2010 and a right knee arthroscopic surgery in 07/1998. He has also been treated with steroid injection, synvisc injection, physical therapy and medications. Objective: decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the right shoulder and lumbar spine; tenderness to palpation of the lumbar spine and cervical spine paraspinous musculature; trigger points of the cervical and paraspinous lumbar musculature; decreased sensation along the left posterior lateral thigh and left calf in an L5-S1 distribution; tenderness of the medial and lateral joint lines bilateral knees. Diagnoses: lumbar myoligamentous injury with left lower extremity radiculopathy; cervical myoligamentous injury; shoulder pain; bilateral knee internal derangement. Treatment plan and request: Trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four Trigger Point Injections: Upheld

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

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

Decision rationale: This 48 year old male has complained of neck and lower back pain with radiation into the bilateral lower extremities and knee pain since date of injury 4/23/03. He has had right shoulder arthroscopic surgery in 1992 and 2010 and right knee arthroscopic surgery in 07/1998. He has also been treated with steroid injection, synvisc injection, physical therapy and medications. The current request is for trigger point injections. Per the MTUS guidelines cited above, 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 all of the following criteria are met: (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 available medical documentation fails to meet criteria number (4) above. That is, radiculopathy is demonstrated upon exam in this patient as documented in the available medical records. On the basis of the MTUS guidelines and available medical documentation, trigger point injections are not indicated as medically necessary in this patient.