

Case Number:	CM14-0158566		
Date Assigned:	10/02/2014	Date of Injury:	04/25/2003
Decision Date:	12/26/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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:

This is a 58-year old male patient with a date of injury on 4/25/2003. According to a progress report dated 8/8/14, the patient stated his neck pain continued to be severe, and he has been having increased muscle spasms and tightness. He described painful bands over the upper back region. He has tried massage. He remained symptomatic with numbness and tingling affecting the upper extremities. The provider has requested authorization for the patient to undergo trigger point injections times 4. The patient has been symptomatic with significant myofascial pain. These symptoms have been present for approximately eight weeks. He complained of muscle spasms and tightness. On physical exam, the patient had well demarcated areas of trigger points on the bilateral trapezius and bilateral lumbar levator scapulae. These tender points also demonstrated positive twitch response. The patient had no change with motor, sensory, or neurological findings. He has failed conservative treatments. According to an appeal note dated 8/25/2014, the patient continued to benefit from repeat trigger point injections. The pain was reduced by 50% for approximately 6 weeks. He noted decreased muscle spasms and objectively has had increased range of motion following the trigger point injections. Trigger point injections had been beneficial in reducing the patient's significant myofascial pain. Diagnostic impression: cervicgia with myofascial syndrome, status post right shoulder arthroscopy times 2, impingement syndrome and rotator cuff tear left shoulder, status post right and left carpal tunnel release. Treatment to date: medication management, behavioral modification, physical therapy, medial branch blocks, trigger point injections, epidural steroid injections, and surgery. A UR decision dated 9/5/2014 denied the request for trigger point injections times 4 for bilateral trapezius and bilateral lumbar levator scapulae. The rationale provided stated that, although the patient reported 50% reduced pain for approximately 6 weeks following previous injections, it was not clear what specific functional improvement occurred after prior 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 injections times 4 for bilateral trapezius and bilateral lumbar levator scapulae: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the present case, it is noted that the patient had well demarcated areas of trigger points on the bilateral trapezius and bilateral lumbar levator scapulae, which demonstrated positive twitch response. He has failed conservative treatments. According to an appeal note dated 8/25/2014, the patient continued to benefit from repeat trigger point injections. The pain was reduced by 50% for approximately 6 weeks. He noted decreased muscle spasms and objectively has had increased range of motion following the trigger point injections. Trigger point injections had been beneficial in reducing the patient's significant myofascial pain. Therefore, the request for Trigger point injections times 4 for bilateral trapezius and bilateral lumbar levator scapulae is medically necessary.