

Case Number:	CM14-0178128		
Date Assigned:	10/31/2014	Date of Injury:	11/26/1997
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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, 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:

According to the records made available for review, this is a 54-year-old female with a 11/26/97 date of injury. At the time (10/9/14) of the Decision for Myofascial injection X 1 session, there is documentation of subjective (right sided low back and abdominal pain) and objective (full range of lumbar motion without pain, tenderness on deep palpation over the right upper quadrant of the abdomen and the lateral abdominal coastal margin) findings, current diagnoses (lumbar spondylosis, lumbar or thoracic radiculopathy, and lumbar post laminectomy syndrome), and treatment to date (medications, epidural steroid injection, chiropractic therapy, and physical therapy). Medical reports identify that the request of myofascial injection is for the right upper quadrant pain which started on 9/22/14. There is no 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 ((ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants) have failed to control pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial injection x 1 session: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, lumbar or thoracic radiculopathy, and lumbar post laminectomy syndrome. In addition, given documentation that the request of myofascial injection is for the right upper quadrant pain, there is documentation of non-radicular pain and no more than 3-4 injections per session. However, there is no 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 (ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants) have failed to control pain. Therefore, based on guidelines and a review of the evidence, the request for Myofascial injection x 1 session is not medically necessary.