

Case Number:	CM14-0178310		
Date Assigned:	10/31/2014	Date of Injury:	01/17/2011
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
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 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 33 year old female with date of injury 1/17/2011. The mechanism of injury is stated as moving a heavy object. The patient has complained of lower back pain and left sided cervical pain with radiation to the left trapezius muscle since the date of injury. She has been treated with radiofrequency ablation therapy, epidural steroid injection, physical therapy and medications. There are no radiographic reports included for review. Objective: cervical spine tenderness to palpation over facet joints, tenderness to palpation of the left trapezius muscle, decreased and painful range of motion of the lumbar spine. Diagnoses: lumbago, cervicalgia, radiculopathy left leg and left arm. Treatment plan and request: trigger point injections under ultrasound x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections under ultrasound x 3: Upheld

Claims Administrator 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), neck and upper back updated 08/04/2014

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

Decision rationale: This 33 year old female has complained of lower back pain and left sided cervical pain with radiation to the left trapezius muscle since date of injury 1/17/2011. She has been treated with radiofrequency ablation therapy, epidural steroid injection, physical therapy and medications. The current request is for trigger point injections under ultrasound x 3. Per the MTUS guidelines cited above, trigger point injections are recommended only for myofascial pain syndrome defined by the presence of objective evidence of trigger points on examination including a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. There is no documentation in the available medical records of demonstrable trigger points on physical examination nor is there a listed diagnosis of myofascial pain syndrome. On the basis of the above cited MTUS guidelines and the available medical documentation, trigger point injections under ultrasound X3 are not indicated as medically necessary.