

Case Number:	CM14-0179017		
Date Assigned:	11/03/2014	Date of Injury:	10/07/2010
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 34-year-old female with a date of injury of 10/07/2010. The listed diagnoses per [REDACTED] are: 1. Neuropathic pain syndrome, left eye and face with recent exacerbation and localized trigger point of the left temporalis muscle improved following trigger point injection on 07/31/2014. 2. Headaches consistent with a combination of neuropathic pain as well as tension cephalgia. 3. Right shoulder pain consistent with subacromial bursitis exacerbated with improvement following a right shoulder joint injection. 4. Neck and upper extremity pain consistent with cervical sprain. 5. Low back pain consistent with lumbosacral sprain/strain. 6. Insomnia. 7. Left knee pain consistent with osteoarthritis of the left knee. According to progress report 07/31/2014, the patient presents with increasing pain over the left face and left temporal area with pain radiating into the left ear and cheek. The patient reports intermittent swelling of the left cheek and eye area and discoloration under the left eye. Provider states that the patient received right shoulder joint and trigger point injection in the neck with significant reduction of the pain several months ago. Examination of the neck/head revealed tenderness over the left temporalis muscle area. Pressure here causes radiation of pain into the left cheek diffusely, and there is mild muscle induration. Examination of the neck revealed decreased range of motion. Examination of the upper extremity revealed tenderness over the left shoulder joint and decreased range of motion. A trigger point injection to the left temporalis muscle to reduce headaches was recommended. According to progress report 08/28/2014, the patient experienced "dramatic reduction of the pain in the left face and left eye with prior left temporalis muscle trigger point injection." The reduced pain lasted for approximately 3 weeks. Over the last two weeks, she has developed increasing pain and stiffness of the right neck radiating to the right upper back. Examination revealed light precaution causes radiation of pain in the upper neck

and shoulder area (twitch response). The provider is requesting a repeat trigger point injection to the left temporalis muscle to reduce headaches and a trigger point injection into the right erector capsulitis muscle at T1 and right trapezius muscle. Utilization review denied the request on 10/02/2014. Utilization review from 02/07/2013 through 08/28/2014 was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the right erector capitis muscle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Criteria for the use of Trigger point in.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under its chronic pain section has the following regarding trigger point injection Page(s): 122.

Decision rationale: This patient presents with left eye and face pain with intermittent swelling and discoloration with intermittent headaches. The patient also complains of right shoulder, low back, and neck pain. The request is for a trigger point injection to the right erector capsulitis muscle. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. The provider states in his 08/28/2014 report that there is a "twitch response with light precaution radiating into the neck area and upper back." In this case, the patient meets the indications for trigger point injections, as the provider reports twitch response on palpation on examination. Therefore, this request is medically necessary.

Trigger point injection to the left temporalis muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Criteria for the use of Trigger point in.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under its chronic pain section has the following regarding trigger point injections Page(s): 122.

Decision rationale: This patient presents with left eye and face pain with intermittent swelling and discoloration with intermittent headaches. The patient also complains of right shoulder, low back, and neck pain. The provider is requesting a repeat trigger point injection to the left temporalis muscle to reduce headaches. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain." MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed

trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. The patient report a substantial reduction of headaches following the trigger point injection performed on 07/31/2014. In this case, only 3 weeks of pain relief was noted with the initial injection. MTUS considers repeat injections when 50% of relief is obtained for at least 6 weeks. Therefore, this request is not medically necessary.