

Case Number:	CM14-0023948		
Date Assigned:	06/11/2014	Date of Injury:	11/25/2005
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, 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 diagnoses include fibromyalgia, intervertebral disc disorder of the lumbar region with myelopathy, trigeminal neuralgia, cervical spondylosis with myelopathy/radiculopathy. There is a 1/28/14 office visit that reveals that on physical examination, the sensory and motor functions and coordination were intact. The lumbar spine reveals multiple tender points bilaterally in the cervical, thoracic, and lumbar paraspinal regions. The extremities reveal normal range of motion. The current medication lists include Lidoderm patch, Wellbutrin, Provigil, Soma, Motrin, Xanax, Ibuprofen, Vicodin, Flector Patch and Tramadol. There is a 2/13/14 physical exam which reveals multiple tender points bilaterally in the cervical, thoracic, and lumbar paraspinal regions on examination. The patient was uncomfortable due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEVEN TRIGGER POINT INJECTIONS TO CERVICAL, THORACIC AND LUMBAR:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The guidelines state that the criteria for trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and no more than 3-4 injections per session. The documentation fails to reveal a twitch response. The request exceeds the 3-4 injection limit per session. There is no documentation of patient having attempted therapy or other exercise to control the pain. As such, the request is not medically necessary.