

Case Number:	CM14-0024079		
Date Assigned:	06/11/2014	Date of Injury:	05/09/2011
Decision Date:	12/31/2014	UR Denial Date:	02/21/2014
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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

In the report dated 12/18/13 the notes indicates pain in the right leg, right shoulder, back and right knee. There are no side effects of treatment noted. The injured workers activity level remains the same and there is no finding of medication dependency. An EMG of 3/26/13 reported abnormal findings of left and right median nerve neuropathy. An x-ray report on 2/4/13 reported posterolateral arthrodesis L3-4. An examination reported tenderness of the paracervical muscles and trapezius muscles. Trigger points with twitch response was reported in cervical paraspinal muscles. Strength was 4/5 in the upper extremities. There was decreased sensation in the right thumb and middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections, Cervical / Trapezius, X 3-5: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Trigger Point Injections.

Decision rationale: The medical records report the presence of trigger points with demonstrated twitch response. The ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records demonstrate trigger points on exam not responsive to other conservative treatment, the ODG guidelines support trigger point injections in this case. The request is considered medically necessary.