

Case Number:	CM14-0033626		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2000
Decision Date:	08/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology has a subspecialty in 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:

According to the records made available for review, this is a 52-year-old male with a 6/26/00 date of injury. At the time (1/30/14) of request for authorization for Trigger point injections for the cervical and lumbar spine, there is documentation of subjective (chronic neck pain and chronic low back pain radiating to both legs) and objective (tenderness to palpation over the lumbar and cervical paraspinal musculature, and decreased lumbar range of motion) findings, current diagnoses (chronic multifocal pain syndrome, lumbago, lumbar radiculopathy, cervicgia, and cervical radiculopathy), and treatment to date (medications (NSAID, opioid, and muscle relaxant)). There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; failure of additional medical management therapies such as ongoing stretching exercises and physical therapy; and no more than 3-4 injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chronic multifocal pain syndrome, lumbago, lumbar radiculopathy, cervicgia, and cervical radiculopathy. In addition, there is documentation of myofascial pain syndrome; symptoms have persisted for more than three months; failure of conservative treatment (NSAIDs and muscle relaxants); and radiculopathy is not present (by exam and neuro-testing). However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and failure of additional medical management therapies such as ongoing stretching exercises and physical therapy. In addition, given documentation of a request for Trigger point injections for the cervical and lumbar spine, there is no (clear) documentation of no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for Trigger point injections for the cervical and lumbar spine is not medically necessary.