MAXIMUS Federal Services

Case Number:	CM14-0045450		
Date Assigned:	06/27/2014	Date of Injury:	03/07/1995
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Medicine 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 injured worker is a 39-year-old female who reported an injury on 03/07/1995. The mechanism of injury was not provided within the documentation. The injured worker's prior treatment was noted to be medication management. Her diagnosis was noted to be cervical disc herniation. A Primary Treating Physician's Progress Report dated 03/04/2014 notes the injured worker presenting with neck and shoulder pain. She described her pain as sharp, aching, and tingling. The frequency of pain was noted to be constant. On a scale of 0 to 10, 0 being no pain and 10 being worst possible pain, the injured worker stated her pain was a 7/10, and on average, an 8/10. The examination of the lumbar spine noted tenderness in the right and left lumbar paravertebral regions of the L4-5 and L5-S1 levels. Tenderness was present bilaterally at the sacroiliac joints. There was tenderness noted to palpation of the sacrum. A straight leg raise was negative bilaterally. Sensations were equal in both lower extremities. The patient's motor strength was 5/5 in both lower extremities. There was no ankle clonus. The provider's rationale for the request was not provided within the documentation submitted for review. A request for authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

T8 Paravertebral muscle trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. Trigger point injections are not recommended for radicular pain. A trigger point is 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. Trigger points may be present in up to 33% to 50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. They are not recommended for typical back or neck pain. The documentation submitted for review does not indicate a trigger point with evidence on palpation of a twitch response or referred pain. The documentation fails to indicate symptoms that have persisted for more than 3 months. The physical examination fails to provide an assessment of the thoracic spine. The request does not indicate local anesthetic with or without steroid. Therefore, the request for T8 paravertebral muscle trigger point injection is not medically necessary.