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| Case Number: | CM14-0046861 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 03/17/1994 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 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:

The injured worker is a 52-year-old male with a reported date of injury on 03/17/1994. The injury reportedly occurred to the upper back and neck while digging in the garden. His previous treatments were noted to include medications and trigger point injections as well as a home exercise program. His diagnoses were noted to include a cervical injury, shoulder pain and parathoracic pain as well as a lumbar disc disorder, lumbar radiculopathy and sacroiliac pain. The progress note dated 02/25/2014 reported that the injured worker complained of pain, with low back pain radiating from the low back down both legs as well as a lower backache. The injured worker also complained of poor sleep. The physical examination of the lumbar spine reported that range of motion was restricted, with flexion limited to 60 degrees by pain, and extension was limited to 15 degrees. Upon palpation, the paravertebral muscles were noted to have spasms; tenderness and a tight muscle band were noted on both sides. Lumbar facet loading and straight leg raise testing were negative. A flexion, abduction, external rotation test was positive, and tenderness was noted in the bilateral sacroiliac joints, right more than the left. A motor examination performed to the lower extremities was rated at a 5/5 bilaterally, and the sensory examination revealed normal touch, pain, temperature, deep pressure, vibration and tactile localization as well as tactile discrimination. A progress note on 04/17/2014 reported that the injured worker has had approximately 3 to 4 trigger point injections with excellent relief of pain and increased functional status approximately 10 years ago. The provider reported that each injection lasted 2 to 3 months or more. The examination performed revealed at least 2 sites with a significant twitch response with referred pain to both, cephalad and caudally. The Request for Authorization form dated 02/21/2014 was for trigger point/fascia injections to the right upper back and bilateral cervical region due to a cervical injury, shoulder pain and parathoracic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point/Fascia Injection Right Upper Back and Bilateral Cervical Region: Upheld

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

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

Decision rationale: The injured worker has received previous trigger point injections with good results. The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome as indicated, with limited lasting value. Trigger point injections are not recommended for radicular pain. The guideline criteria for trigger point injections are documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms that have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants having failed to control pain; radiculopathy not present (by exam, imaging or nerve testing); not more than 3 to 4 injections per session; no repeat injections unless greater than 50% pain relief is obtained for 6 weeks after an injection, and there is documented evidence of functional improvement. Frequency should not be at an interval of less than 2 months. Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There is a lack of documentation regarding specific trigger points with evidence upon palpation of a twitch response as well as referred pain. There is also a lack of documentation regarding greater than 50% pain relief obtained for 6 weeks and documented evidence of functional improvement. Therefore, trigger point injections are not warranted at this time. As such, the request is not medically necessary.