

Case Number:	CM14-0051134		
Date Assigned:	07/07/2014	Date of Injury:	02/19/2011
Decision Date:	08/06/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/18/2014

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 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:

This is a female patient with the date of injury of February 19, 2011. A Utilization Review was performed on March 24, 2014 and recommended non-certification of retro trigger point injections to bilateral trapezius under ultrasound guidance. An Evaluation dated January 30, 2014 identifies low back pain and neck pain that is mild to moderate radiating to the left leg with numbness and triggered by lifting. Examination identifies paraspinal muscle spasm. Trigger points over the trapezius, rhomboids and supraspinatus with tenderness greater occipital bilaterally and pain on range of motion. Diagnoses identify cervical radiculitis, left. Treatment Plan identifies medications, request to authorize trigger point injections to bilateral trapezius under ultrasound guidance x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Trigger Point Injections to Bilateral Trapezius Under Ultrasound Guidance x 4 (DOS 1/20/14 - 2/24/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for Retrospective review of Trigger Point Injections to Bilateral Trapezius Under Ultrasound Guidance x 4 (DOS 1/20/14 - 2/24/14), Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there is mention of "trigger points" on physical examination. However, there is no mention of a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested Retrospective review of Trigger Point Injections to Bilateral Trapezius Under Ultrasound Guidance x 4 (DOS 1/20/14 - 2/24/14) are not medically necessary.