

Case Number:	CM14-0054378		
Date Assigned:	07/07/2014	Date of Injury:	05/25/1996
Decision Date:	09/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational 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 patient is a 63-year-old male who has submitted a claim for cervical disc displacement without myelopathy, sciatica, lumbar disc displacement without myelopathy, cervicocranial syndrome, and cervicobrachial syndrome associated with an industrial injury date of 05/25/1996. Medical records from 08/21/2013 to 04/10/2014 were reviewed and showed that patient complained of sever low back pain. The physical examination revealed tenderness over the L3-5 lumbar paraspinal muscles, the trigger points were identified in this area, the lumbar range of motion with flexion and extension were limited and the straight leg raise test was positive bilaterally. The treatment to date has included lumbar epidural steroid injection, lumbar and gluteus maximus and minimus trigger point injections, physical therapy, acupuncture, chiropractic treatment and pain medications. A utilization review dated 04/17/2014 denied the request for trigger point injections, 6 sites (bilateral paraspinal muscles approx. L3-S1) Qty 6.00, bilateral gluteus maximus and minimus because there was noted diagnosis of myofascial pain syndrome and absence of circumscribed trigger points documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tigger point injections, 6 sites (bilateral paraspinal muscles approx L3-S1)QTY 6.00:
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 Trigger Point Injections Page(s): 122.

Decision rationale: As stated on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, there was documentation of failure to respond to conservative treatment (04/09/2014). Previous trigger point injections to the lumbar muscles (03/05/2014) provided symptomatic relief (not quantified). However, there was no documentation of circumscribed trigger point injections. Moreover, the number of injections requested exceeds the limit of 3-4 injections per session. The patient did not meet all of the criteria for trigger point injections. Moreover, there was no diagnosis of myofascial pain syndrome. The guidelines state that trigger point injections are recommended only for myofascial pain syndrome. Therefore, the request for Trigger point injections, 6 sites (bilateral paraspinal muscles approx L3-S1) QTY 6.00 is not medically necessary.

2 injections into the bilateral gluteus maximus muscles per report dated 4/9/2014: 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 Trigger Point Injections Page(s): 122.

Decision rationale: As stated on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, there was documentation of failure to respond to conservative treatment (04/09/2014). Previous trigger point injections to the gluteal muscles (03/05/2014) provided symptomatic relief (not quantified). However, there was no documentation of circumscribed trigger point injections. The patient did not meet all of the criteria for trigger point injections. Moreover, there was no diagnosis of myofascial pain syndrome. The guidelines state

that trigger point injections are recommended only for myofascial pain syndrome. Therefore, the request for 2 injections into the bilateral gluteus maximus muscles is not medically necessary.

2 injections into the bilateral gluteus minimus muscles per report dated 4/9/2014: 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 Trigger Point Injections Page(s): 122.

Decision rationale: As stated on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, there was documentation of failure to respond to conservative treatment (04/09/2014). Previous trigger point injections to the gluteal muscles (03/05/2014) provided symptomatic relief (not quantified). However, there was no documentation of circumscribed trigger point injections. The patient did not meet all of the criteria for trigger point injections. Moreover, there was no diagnosis of myofascial pain syndrome. The guidelines state that trigger point injections are recommended only for myofascial pain syndrome. Therefore, the request for 2 injections into the bilateral gluteus minimus muscles is not medically necessary.