

Case Number:	CM14-0059871		
Date Assigned:	07/09/2014	Date of Injury:	07/15/2013
Decision Date:	09/15/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 59-year-old male who reported an injury on 07/15/2013 due to lifting a heavy box. The injured worker had diagnoses of lumbar sprain/strain, industrial, herniated disc L5-S1 pre-existing from industrial accident dated 08/09/2004, neck pain and cervical myelopathy, rule out brain pathology. Past medical treatment for the injured worker consists of aquatic therapy, home exercise program, ESI injections, and medication therapy. Medications include Naproxen 550 mg 1 tablet every 8 hours, Omeprazole 20 mg 1 tablet 2 times a day and Hydrocodone/APAP 2.5/325 one tablet every 8 hours. The injured worker underwent an EMG/NCV of bilateral lower extremities. The injured worker complained of frequency pain and numbness in his right hand. He also complained of worsening of the pain and numbness in his left leg. There were no measurable pain levels documented in the submitted report. Physical examination dated 05/22/2014 revealed that the injured worker's range of motion of the cervical and lumbar spine were slightly restricted in all planes. There were multiple myofascial trigger points and top bands noted throughout the cervical paraspinal, trapezoids, levator scapula, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. Range of motion of bilateral wrists flexion 60/60 degrees, dorsiflexion 60/60 degrees, radial deviation 20/20 degrees, and ulnar deviation of 30/30 degrees. Sensation to fine touch and pinprick was decreased in the 2nd and 3rd digits of the right hand. Grip strength was decreased in the right hand at -5/5. The treatment plan for the injured worker is to undergo trigger point injections. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X 4 DONE ON 02/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS 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 request for trigger point injections x 4 done on 02/28/2014 is not medically necessary. The injured worker complained of frequency pain and numbness in his right hand. He also complained of worsening of the pain and numbness in his left leg. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) recommends trigger point injections for myofascial pain syndrome and states that they are not recommended for radicular pain. Criteria for use of trigger point injections include documentation of 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 repeat injections are not warranted unless a greater than 50% pain relief is obtained for six weeks after a previous injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval less than two months. Also, they indicate that frequency should not be at an interval less than 2 months. The report lacked any documented of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The submitted report also lacked any evidence of ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. In the submitted report, there was documentation of the injured worker having myofascial pain syndrome, but the report lacked any quantified subjective evidence. In addition, the frequency and location for the submitted request of injections was not indicated in the request. As such, the request for trigger point injections is not medically necessary.