

Case Number:	CM14-0070657		
Date Assigned:	07/14/2014	Date of Injury:	09/01/2010
Decision Date:	09/16/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/15/2014

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 has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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 individual is a 47 year old female who sustained an industrial injury on September first of 2010 involving a head/neck trauma. She has history of prior work injuries none of which caused the sustained disability she currently has a result of this most recent injury. She has a history of depression and it is noted in the available records she is considered disabled due to mental health issues at this time. She has physical diagnoses of; cervical discogenic pain, bilateral radiculopathy, cervical stenosis, facet pain and carpal tunnel syndrome. She receives opiate therapy for pain as well as physical therapy, acupuncture, cervical epidural injections and has previously received trigger point injections to her neck. The treating physician has stated that the individual stated the trigger point injections were helpful for "several weeks" and "relieved tension." However, there is no description of response to therapy. The current request is for additional trigger point injections (2) to the cervical area.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Cervical trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA-MTUS states that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In reference to point four (4) above, there is documentation of persistent cervical radiculopathy. In reference to point six (6) above; the treating physician notes that she had "relief of tension" for "several" weeks. As stated this is not documentation of greater than 50% pain relief for 6 weeks. As such this request is deemed not medically necessary.