

Case Number:	CM14-0079868		
Date Assigned:	07/18/2014	Date of Injury:	07/01/2003
Decision Date:	09/16/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/30/2014

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 49-year-old male who reported an injury on 07/01/2013. The mechanism of injury was cumulative trauma from working with air-tools. The injured worker's diagnoses were neck pain, cervical radiating pain to the right side, elbow pain, and right lateral epicondylitis with right shoulder pain. The injured worker's medications included Cyclobenzaprine 10 mg, Ibuprofen, Protonix, and Pennsaid drops. The injured worker's past treatments included trigger point injections, cortisone injection, medication and physical therapy. There was no surgical history notated in documentation that was submitted for review. The injured worker's prior diagnostics include an MRI of the cervical spine and cervical spine x-rays. The injured worker's chief complaint was elbow pain, shoulder pain and neck pain. Physical examination dated 04/21/2014 noted there was tenderness to palpation of the C5, C6 and C7 with paraspinal spasm with pain on range of motion rotating to the right. The treatment plan is for the request of 2 trigger point injections under ultrasound guidance. The request for authorization form was not provided with documentation submitted for review. The rationale for the request was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections; 2 and under ultrasound guidance: 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 Injection Page(s): 122.

Decision rationale: According to the MTUS guidelines, trigger point injections are recommended only for myofascial pain syndrome as indicated with limited lasting values not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points but the addition of a corticosteroid is not generally recommended. The guidelines also state that these injections may occasionally be necessary to maintain function and those with myofascial pain problem with myofascial trigger points are present on examination not recommended for typical back or neck pain. Criteria for the use of trigger point injections are injections to be used with a local anesthetic; documentation of circumscribed trigger points with evidence on palpation of a twitch response as well as referred pain, pain has persisted for more than 3 months and is used with medical management therapies such as stretching exercise and physical therapy. If radiculopathy is not present, no more than 3 to 4 injections per session, not to repeat injections unless a 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 less than 2 months and trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. The injured worker complains of elbow, shoulder and neck pain. Although the injured worker had symptoms that have persisted for more than 3 months, there was lack of documentation of physical examination of her circumscribed trigger point with twitch response upon palpation and referred pain. It was noted benefit was experienced by the injured worker from prior trigger point injections; however, the percentage of relief and length of time was not provided to meet guideline criteria for repeat injections. The request for trigger point injections under ultrasound guidance is not supported by guidelines. As such, the request is not medically necessary.