

Case Number:	CM14-0087282		
Date Assigned:	09/03/2014	Date of Injury:	10/22/2012
Decision Date:	10/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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:

According to the records made available for review, this is a 66-year-old male with a 10/22/12 date of injury. At the time (5/1/14) of request for authorization for cervical and periscapular myofascial trigger point injections under US guidance..#2 and (L) C3, C4, C5 MBB, there is documentation of subjective (pain over back, neck, arms, and between shoulder blades) and objective (tender myofascial trigger points over cervical and periscapular muscles, deep palpation causing twitch response and radiation to shoulder blades and upper back, and positive bilateral cervical facet loading) findings, current diagnoses (cervical disc degenerative disease and cervical spine myofascial pain), and treatment to date (medications (including ongoing treatment with Motrin, Percocet, and Tylenol)). Medical reports identify that total of up to 6 trigger point injections will be done in 1 session; and that patient had not had any physical therapy due to severe pain even with minimal activity. Regarding trigger point injections, there is no documentation of no more than 3-4 injections per session. Regarding MBB, there is no documentation of cervical pain that is non-radicular and at no more than two levels bilaterally; and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical and periscapular myofascial trigger point injections under US guidance..#2:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, online, 4th edition....Facet injections.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; 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 no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical disc degenerative disease and cervical spine myofascial pain. In addition, there is 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; and radiculopathy is not present (by exam, imaging, or neuro-testing). Furthermore, given documentation of ongoing treatment with NSAIDs and a rationale that patient had not had any physical therapy due to severe pain, there is documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. However, given documentation that total of up to 6 trigger point injections will be done in 1 session, there is no documentation of no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for cervical and periscapular myofascial trigger point injections under US guidance is not medically necessary.