

Case Number:	CM14-0089310		
Date Assigned:	07/23/2014	Date of Injury:	10/08/2008
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Pain Management 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:

This patient has a date of injury of 10/8/08. A utilization review determination dated 5/28/14 recommends non-certification of trigger point injections under ultrasound guidance due to "limited evidence of circumscribed trigger points on exam with documentation of twitch response to stimulus to the band as well as no diagnosis of myofascial pain". The reviewer also noted that trigger point injections were useful for myofascial pain but not indicated for radicular pain. The most recent progress note dated 5/9/14 identifies subjective complaints of neck pain, stiffness and tingling into the left upper extremity. Physical examination findings identify tenderness to palpation bilaterally in the trapezius, scalenes and levator scapula, with a positive twitch and radiation, as well as decreased sensation in the C4, C5, and C6 dermatomal distribution of the left upper extremity. The treatment plan recommends a pain management consultation in consideration for a cervical epidural injection. A new C/S pillow was dispensed and the patient was scheduled to follow up in 4-6 weeks. The patient refused medication at that visit. Additionally, the physician recommended cervical traction and trigger point injections in the left upper trapezius and left rhomboid. A visit dated 3/28/14 includes subjective complaints of extremity pain with sharp pain that disrupts activities. Treatment plan recommends continuing medication, schedule PT, and request authorization for pain management and CESI. Portions of this record are illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left trapezius trigger point injection under US guidance and left rhomboids: 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections under ultrasound guidance, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Trigger points are diagnosed clinically and should not require advanced imaging techniques for diagnosis. Guidelines go on to state that trigger point injections are not recommended for radicular pain. Within the documentation available for review, the physician has identified trigger points with a twitch response and radiation of pain. However, he has also documented radicular pain and decreased sensation in a specific dermatomal distribution. Chronic Pain Medical Treatment Guidelines state that trigger point injections are not appropriate for patients with radicular pain. Furthermore, in regards to the request for ultrasound guidance, guidelines point out that trigger points can be identified clinically by physical examination, and it is unclear why advanced imaging techniques would be required to successfully perform trigger point injections. In the absence of clarity regarding those issues, the currently requested trigger point injections under ultrasound guidance, are not medically necessary.