

Case Number:	CM14-0095206		
Date Assigned:	07/25/2014	Date of Injury:	05/11/2003
Decision Date:	08/28/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Internal Medicine 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 patient is a female who had her date of injury on 5/11/03. Her diagnoses were; cervical disc disease and stenosis of C5-6 and C6-7, s/p fusion of L2-S1 and adjacent level disc disease, Left Lower Extremity radiculopathy and numbness, s/p left inguinal hernia repair and chronic pain. On 5/27/14 the patient was noted to have exacerbation in the right paracervical trapezius and scapular region and the right upper extremity. Trigger point injections were given and the patient reported benefit in the areas that were injected but continued pain in the non injected areas. Specifically, the pain physician noted throbbing and shooting pain in the right rhomboid region and radiation of pain to the posterior arm and elbow. Physical exam noted tenderness and minimal spasm of the right paracervical and trapezius muscles with spasm and reproduction of pain with palpation of the medial inferior border of the right scapula. Mild tenderness was noted with palpation of the lateral epicondyle of the left elbow. The patient requested that these areas also be injected and the pain medicine specialist complied with repeat three trigger point injections in these areas that had not been injected previously. Subsequently, authorization for these injections were requested by the administering physician but was denied by the UR committee. We note that on 6/11/14 the patient saw her PTP and reported that the trigger point injections were not of much help in alleviating the pain. Lastly, on 6/25/14 another physician note is present that states that the patient is on ultram, neurontin, and methocarbamol and that the patient was receiving benefit from these meds in her treatment of her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Trigger Point Injections to the Right Rhomboid Region and Posterior Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines TPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 40, 122.

Decision rationale: Trigger points are described as discrete focal tenderness in a palpable taut band of skeletal muscle which produce local twitching and pain in response to stimulation of the specific area. It is present in about 33-50% of people. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between the associated painful region and a specific trigger point. These injections for pain are not recommended for typical neck or back pain. The chronic pain section lists the following criteria for use of trigger point injections for patients. 1-documentation of circumscribed trigger points should be made and evidence on palpation of twitching response and pain should be noted; 2-symptoms should last more than 3 weeks, 3-other modalities such as exercise, NSAID's, and muscle relaxants should have been attempted and failed, 4-radiculopathy should not be present, 5-repeat injections should not be given unless there is a greater than 50% pain relief documented and functional improvement noted, 6-frequency of injections should not be more often than every 2 months and injection should not be given with any other substance other than a local anesthetic. The above patient did not meet these criteria for a trigger point injection. The physician noted an element of radiation of pain to the posterior upper arm and elbow region. The physician also noted tenderness and minimal spasm of the painful palpated areas. There was no mention of the criteria for defining a trigger point. Specifically, there was no mention of discrete focal tenderness in a palpable band of skeletal muscle which produced a twitching response to a direct stimulus. Specifically, the criteria state that trigger point injection should not be given in radicular type of pain. In conclusion, the trigger point injections were not indicated according to the criteria cited in the chronic pain section of the MTUS. The request is not medically necessary and appropriate.