

Case Number:	CM14-0188449		
Date Assigned:	11/19/2014	Date of Injury:	07/28/1995
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This is a 61year old female injured worker with date of injury 7/28/95 with related neck pain. Per progress report dated 10/21/14, the injured worker complained of neck pain that radiated into the arms. She stated that there was increased numbness and tingling in her right arm. Per physical exam, there were trigger points over her neck, posterior shoulders, and upper extremity with muscle twitch points, weakness in the right hand, decreased sensation in the right median distribution, and positive Phalen's. It was noted that previous trigger point injection on 6/30/14 yielded 50% relief with improvements in activities of daily living (ADL's) and exercises for about 6 weeks. EMG dated 12/13/11 revealed no evidence of neuropathy. Treatment to date has included trigger point injections, physical therapy, and medication management. The date of UR decision was 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x4 units DOS: 10/08/14: Overturned

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 Injections Page(s): 122.

Decision rationale: With regard to trigger point injections, the MTUS CPMTG state: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: 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." (Colorado, 2002) (BlueCross BlueShield, 2004) The medical records submitted for review contain findings of radiculopathy. However, weakness in the right hand and decreased sensation in the right median distribution were documented not a dermatome, so it may be carpal tunnel rather than radicular radiculopathy. Carpal tunnel may be missed on EMG. The request is medically necessary.