

Case Number:	CM14-0189242		
Date Assigned:	11/17/2014	Date of Injury:	04/11/2013
Decision Date:	01/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 48-year-old female with a 4/11/13 date of injury. At the time (10/8/14) of request for authorization for trigger point injection neck and forearm x 3, there is documentation of subjective (slightly improved) and objective (neck rotation and side bending fairly symmetric with pain, extension limited to 5 degrees with pain, tender points and trigger points in the bilateral upper trapezius and periscapular muscle regions, tender to palpation through the flexor and extensor forearm muscles bilaterally) findings. Imaging findings electrodiagnostic study (4/28/14) report revealed study within normal limits. The current diagnoses included overuse condition with chronic tendinitis involving the extensor and flexor 4 muscles in both upper extremities. The treatment to date includes activity modification, home exercise program, physical therapy, medications, and trigger point injections (done 10/24/13 and 1/20/14, 2/20/14 with reported benefit). In a 10/6/14 medical report identifies that the patient has done well with trigger point injection in the past. There is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and greater than 50% pain relief for six weeks after an injection and documented evidence of functional improvement with previous trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Neck and Forearm x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections: Criteria for the use of Trigger Point In.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The 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 the 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 overuse condition with chronic tendinitis involving the extensor and flexor 4 muscles in both upper extremities. In addition, there is documentation that symptoms have persisted for more than three months; that radiculopathy is not present (by neuro-testing); that medical management therapies such as ongoing stretching exercises, physical therapy, and medications have failed to control pain; and that no more than 3-4 injections are to be done per session. However, there is no documentation of myofascial pain syndrome and circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, despite documentation that the patient has done well with trigger point injection in the past, there is no documentation of greater than 50% pain relief for six weeks after an injection and documented evidence of functional improvement with previous trigger point injections. Therefore, based on guidelines and a review of the evidence, the request for trigger point injection neck and forearm x 3 is not medically necessary.