

Case Number:	CM14-0190286		
Date Assigned:	11/21/2014	Date of Injury:	05/05/1999
Decision Date:	03/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 injured worker is a 65 year old female, who sustained an industrial injury on 5/5/99. The injured worker has complaints of neck pain that radiates to the upper back, bilateral shoulders, right arm and right wrist. There is crepitation with movements. The diagnoses have included chronic myofascial pain syndrome of the right upper extremity, peripheral neuropathy, lumbar sprain/strain and overuse syndrome in the right upper extremity. She has had episodic trigger point injections in the past. According to the utilization review performed on 11/6/14, the requested Retro Trigger point injection Trapezus has been non-certified. CA MTUS for Neck and Upper Back Complaints and Chronic Pain Medical Treatment Guidelines Trigger point Injections were used in the utilization review. The documentation noted that according to MTUS, no repeat injections are indicated unless a greater than 50 percent pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Trigger point injection Trapezus: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 122.

Decision rationale: 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, PT, NSAIDS and muscle relaxants have failed to control pain; 4. Radiculopathy is not present; 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. In this case the patient has received trigger point injections previously. The documentation doesn't support that she has had significant functional improvement following this treatment. Therefore the treatment is not medically necessary.