

Case Number:	CM14-0192556		
Date Assigned:	11/26/2014	Date of Injury:	04/11/2006
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 44-year-old female with a date of injury of 04/11/2006. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (10/15/2014) include low back pain radiating to bilateral legs. Objective findings (10/15/2014) include tenderness to palpation and spasm in bilateral paraspinal musculature and greater trochanters, limited ROM in thoracolumbar spine, and positive straight leg raise; decreased Achilles reflex. Focal tenderness is detailed as a palpable taut band of skeletal muscle producing a twitch response. Diagnoses include myofascial pain syndrome, lumbar sprain, degeneration of lumbar intervertebral disc, and sciatica. No imaging studies were available for review. The patient has previously undergone procedures including epidural steroid injections and multiple trigger point injections. A utilization review dated 11/11/2014 did not certify the request for retrospective trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS unknown) for trigger point injection: 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 Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Trigger Point Injections (TPIs)

Decision rationale: According to MTUS guidelines, Trigger Point Injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. They are not recommended for radicular pain or fibromyalgia. ODG has similar recommendations, and also states that the primary goal of trigger point therapy is the short-term relief of muscle pain and tightness in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Both MTUS and ODG define trigger points as "a hyperirritable foci located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. MTUS/ODG criteria for Trigger Points: (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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate a lack of appropriate diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. The medical documentation does appear to meet some of the above criteria, and the patient does have a diagnosis of myofascial pain. The treatment physician has detailed focal points of tenderness with a twitch response. Symptoms appear to have exceeded three months, although these specific symptoms have only recently been documented as meeting trigger point definition. Radiculopathy does not appear to be present on exam. However, there are multiple criteria that are not met. It is not clear how many injections were given as the documentation only states "multiple areas". Medical and other conservative therapies are also not detailed to have failed. Greater than 50% pain relief for six weeks has not been documented from the previous injections. Frequency interval is also not clear as no other specific documentation on injections is available. There does not appear to be ongoing conservative treatment, and it is not clear if this is a single treatment modality. Injection also appears to have contained ketorolac along with local anesthetic and steroid, and additional treatment drugs beyond anesthetic and steroid is not recommended. Therefore, the request for retrospective (DOS unknown) for trigger point injection, is not medically necessary.