

Case Number:	CM14-0215593		
Date Assigned:	01/05/2015	Date of Injury:	02/23/2000
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: New York
 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 claimant is a 51 yo male who sustained an industrial injury on 02/23/2000. The mechanism of injury was not provided for review. His diagnoses include chronic neck pain, degenerative joint disease of the cervical spine, chronic low back pain - status post laminectomy and discectomy at L5-S1, and left sacroiliits. Per the documentation from an evaluation performed 11/20/2014 he had been complaining of increased neck pain over the previous 3 weeks and on physical exam had neck and left lateral shoulder musculature trigger points to palpation. Treatment in addition to surgery has included medical therapy including opiates. The provider requested 8 trigger point injections between 11/15/2014 and 02/01/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 trigger point injection between 11/15/2014 and 2/1/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.C. 9792.20-9792.26 Page(s): 122.

Decision rationale: Per California MTUS Guidelines, 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. In this case the trigger points were documented to present for a period of only 3 weeks and there was no specific documentation of failure of medical therapy. Medical necessity for the requested service was not established. The requested service was not medically necessary.