

Case Number:	CM15-0003550		
Date Assigned:	01/14/2015	Date of Injury:	12/04/2000
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female, who sustained an industrial injury on December 4, 2000. She has reported injury to her neck, left shoulder, both wrists, back, spine, chest and hip as related to her industry injury. The diagnoses have included fibromyalgia and complex regional pain syndrome. Treatment to date has included pain medications and previous trigger point injections. Currently, the injured worker complains of pain in the right lumbar region. The injured worker exhibited a limited range of motion secondary to the pain on lateralization. The injured worker reported significant pain relief with previous trigger point injections. The evaluating physician recommended trigger point injections to the trapezium and noted decrease in the pain and increase in range of motion. On December 4, 2014 Utilization Review non-certified a request for trigger point injections to the right sternocleidomastoid and bilateral trapezia, noting that the documentation did not provide evidence of twitch response to specific musculature in which trigger point injection might be considered and the AME does not support the necessity of trigger point injections. The California Medical Treatment Utilization Schedule was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of trigger point injections to the right sternocleidomastoid and bilateral trapezia.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 11/10/14 Trigger point injections to right sternocleidomastoid and bilateral trapezil: 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 rationale: The injured worker sustained a work related injury on December 4, 2000. The medical records provided indicate the diagnosis of fibromyalgia and complex regional pain syndrome. Treatment to date has included pain medications and previous trigger point injections. The medical records provided for review do not indicate a medical necessity for (Retro) DOS 11/10/14 Trigger point injections to right sternocleidomastoid and bilateral trapezil. The MTUS, recommended criteria for trigger points injection include: documentation of 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). There was no documentation of twitch response in the records reviewed; nether was there a documentation of failed treatment with medical management as listed above. The requested treatment is not medically necessary and appropriate.