

Case Number:	CM15-0004671		
Date Assigned:	01/15/2015	Date of Injury:	09/02/2005
Decision Date:	03/13/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 58 year old female who sustained an industrial injury on 9/2/05. The injured worker reported symptoms in the shoulders, hands and back. The diagnoses included displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, disorders of bursae and tendons in shoulder region, unspecified, carpal tunnel syndrome, and myofascial pain. Treatments to date have included physical therapy, chiropractic treatment, acupuncture treatment, oral pain medications, nonsteroidal anti-inflammatory drugs, activity modifications, and status post left shoulder surgery. PR2 dated 12/2/14 noted the injured worker presents with "ongoing pain to her left shoulder and elbow...bilateral numbness and pain to her wrists and hands", the treating physician is requesting 1 Trigger point injection to bilateral upper trapezius and 1 Trigger point injection to the cervical paraspinal musculature. On 12/19/14, Utilization Review non-certified a request for 1 Trigger point injection to bilateral upper trapezius and 1 Trigger point injection to the cervical paraspinal musculature. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Trigger point injection to bilateral upper trapezius: 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: MTUS states that Trigger Point Injections are Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain and further states that trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective. MTUS lists the 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. The medical documents do meet some criteria for trigger point injections per MTUS but did not detail trials and failures of conservative therapy. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing. However, subjective complaints of radiculopathy are present on numerous progress notes. Additionally the treating physician has not provided documentation of trigger points with evidence upon palpation of a twitch response as well as referred pain. As such, the request for One (1) Trigger point injection to bilateral upper trapezius is not medically necessary.

One (1) Trigger point injection to the cervical paraspinal musculature: 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: MTUS states that Trigger Point Injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain and further states that trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective. MTUS lists the 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. The medical documents do meet some criteria for trigger point injections per MTUS but did not detail trials and failures of conservative therapy. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing. However, subjective complaints of radiculopathy are present on numerous progress notes. Additionally the treating physician has not provided documentation of trigger points with evidence upon palpation of a twitch response as well as referred pain. As such, the request for One (1) Trigger point injection to the cervical paraspinal musculature is not medically necessary.