

Case Number:	CM15-0100139		
Date Assigned:	06/02/2015	Date of Injury:	05/16/2008
Decision Date:	11/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/26/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 49-year-old male who sustained an industrial injury on 5-16-2008 and has been treated for neck and back pain. Diagnostic cervical MRI dated 5-16-2010 had showed mild canal stenosis, neural stenosis, disc degeneration, and disc bulge. Documented treatment includes a failed neck surgery, cortisone injections, and pain medication. Previous trigger point injections are not noted in the provided medical records. On 5-4-2015 the injured worker reported cervical pain, with an objective examination showing tenderness with spasm in the bilateral cervical spine and trapezius. Rotation was restricted to 30 percent right and left, flexion 10 percent, and extension 40 percent and restricted. Pain was noted to radiate to his mid-back and he had positive Spurling's, and it is rated as 9 out of 10 without medication. The injured worker stated symptoms were interfering with relationships, mood, sleeping, work and concentration and overall functioning, however, two pain sources were being discussed and characterization related directly to the neck and upper back was not specific. The treating physician's plan of care includes right trigger point injections for the trapezius which was denied on 5-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Trigger Point Injections for the trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. A 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. Trigger points may be present in up to 33-50% of the adult population. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for typical back pain or neck pain. 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 exam notes submitted demonstrate no evidence of circumscribed trigger points on palpation. The request does not meet the criteria set forth in the guidelines and therefore is not medically necessary.