

Case Number:	CM15-0101266		
Date Assigned:	06/03/2015	Date of Injury:	06/09/2003
Decision Date:	07/01/2015	UR Denial Date:	05/19/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male who sustained a work related injury June 9, 2003. Past history included anterior cervical discectomy, decompression and fusion C5-T1; anterior instrumentation and segmented fixation C6-T1; spinal cord stimulator bilaterally C4-7, July, 2012. According to a physician's office visit, dated March 17, 2015, the injured worker presented with chronic lower back and neck pain and at the office for a 6 month check-up. He continues to work with a pain management physician. Diagnoses are documented as post-laminectomy syndrome, cervical region and post-laminectomy syndrome, lumbar region. He has received lumbar transforaminal epidural steroid injections left L5-S1 December, 2012, March 8, 2013, and March 15, 2013. At issue is the request for myofascial trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial trigger point injection (upper trapezius, levator scapula, rhomboids, lumbar paraspinal muscles, and iliocostalis muscles bilaterally): 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Guidelines recommend no more than 3-4 injections per session. Within the documentation available for review, although "trigger points" are documented, there is no evidence of a twitch response and referred pain upon palpation as recommended by guidelines. Additionally, it is unclear that symptoms have persisted for more than 3 months despite medical management therapies such as ongoing stretching exercises, medication, and physical therapy. Finally, the currently requested number of muscles bilaterally exceeds the 3-4 injections maximum per session recommended by guidelines. As such, the requested trigger point injections are not medically necessary.