

Case Number:	CM15-0018670		
Date Assigned:	02/06/2015	Date of Injury:	06/11/2010
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported injury on 06/11/2010. The mechanism of injury was a freezer door closed on the injured worker. Prior therapies were noted to have included trigger point injections. The documentation of 02/05/2015 revealed the injured worker had prior trigger point injections. The injured worker demonstrated a focal trigger point with discrete focal tenderness located in the palpable taut band of the skeletal muscles, which produced a local twitch in response to the stimulus on the band. The documentation indicated that trigger point injections in these patients have been necessary to maintain function with ongoing myofascial pain. The documentation further indicated the injured worker had exhibited classic indications for trigger point injections, which included documented trigger points, with evidence upon palpation of a twitch response; symptoms had persisted for more than 2 or 3 months; and the injured worker had been undergoing independent stretching exercise, physical therapy, and medications to control pain. Trigger points were performed for the axial pain without radiculopathy. The original date of request could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Trigger Point Injection Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections 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); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker had circumscribed trigger points and had a twitch response. However, there was a lack of documentation of referred pain. Additionally, the documentation indicated the injured worker had prior trigger point injections. There was a lack of documentation of greater than 50% pain relief for 6 weeks, and documentation of evidence of objective functional improvement. The request as submitted failed to indicate the quantity and the location for the injections. Given the above, the request for trigger point injection is not medically necessary.

Medication, not specified type, strength, or quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. The request as submitted failed to indicate the medication, the name of the medication, frequency, and strength, as well as quantity. Given the above and the lack of documentation, the request for medication, not specified type, strength, or quantity, is not medically necessary.