

Case Number:	CM15-0130851		
Date Assigned:	07/17/2015	Date of Injury:	10/27/1987
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

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 was a 55 year old female, who sustained an industrial injury, October 27, 1987. The injured worker previously received the following treatments cervical Neck MRI for June 3, 2013 showed abnormalities including a 3mm disc bulge at C4-C5, cervical trigger point injections which provided only a week of temporary relief, Norco, Anaprox, Prilosec, right knee Synvisc injection, Neurontin and physical therapy. The injured worker was diagnosed with cervical myoligamentous injury, bilateral carpal tunnel syndrome, status post right knee lateral release with patellar scrape, lumbar spine sprain/strain, left lateral epicondylitis, right hip strain/sprain and medication-induced gastritis. According to progress note of May 13, 2015, the injured worker's chief complaint was ongoing neck pain with cervicogenic headaches. The injured worker rated the pain at this visit at 5 out of 10, manageable on current medications. The right knee pain having undergone surgical intervention in the form of lateral release and patella scrape. Unfortunately the injured worker remains symptomatic. The injured worker had declined a total knee replacement. The injured worker had the trigger point injection in the office. The injured worker reported 50% relief from pain and increased range of motion a few minutes later. The treatment plan included a trigger point injection from date of service May 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 4 trigger point injections, DOS 5-13-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Trigger Point Injections (TPIs) Section.

Decision rationale: The ODG recommends trigger point injections myofascial pain syndrome as indicated below, with limited lasting value. The advantage appears to be in enabling patients to undergo remedial exercise therapy more quickly. The primary goal of trigger point therapy is the short-term relief of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Criteria for the use of TPIs (Trigger point injections): TPIs with a local anesthetic may be recommended for the treatment of 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) No more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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) TPIs with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate a lack of appropriate diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment. In this case, there was no documentation of circumscribed trigger point with evidence upon palpation of a twitch response or referred pain. The request for retrospective 4 trigger point injections, DOS 5-13-15 is determined to not be medically necessary.