

Case Number:	CM15-0137335		
Date Assigned:	07/27/2015	Date of Injury:	04/14/2010
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 55-year-old female who sustained an industrial injury on 4.14.10. The mechanism of injury was unclear. She currently complains of ongoing low back pain; left sciatic pain with exacerbation of neck and right arm pain and paresthesias. On physical exam of the shoulders there was decreased range of motion of the right shoulder, tenderness; right knee demonstrates tenderness. Her pain level was 4 out of 10. Her activities of daily living are improved with medications and injections. Medications were Lidoderm patch, Butrans, Percocet, Voltaren 1% transdermal, mirtazapine, Cymbalta, baclofen, pantoprazole, Abilify, Synvisc, zolpidem, Abien, Feldene, Gabapentin. Diagnoses include right knee internal derangement, status post right knee arthroscopy (8.22.13); left knee posttraumatic arthritis with knee revision X2; right hamstring partial tear; lumbar degenerative disc disease and degenerative joint disease with sprain; left lower extremity sciatica; cervical degenerative disc disease, degenerative joint disease and upper extremity radiculopathy; right shoulder humeral head fracture, right shoulder labral tear; right elbow ulnar collateral ligament tear; right upper extremity septic thrombophlebitis; closed head injury with facial contusions; depression; right shoulder sprain possible internal disruption biceps tendon or rotator cuff tear; right elbow contusion sprain with possible recurrent ulnar collateral ligament pain; right knee patella femoral contusion; right hamstring tear avulsion. Treatments to date include medications; trigger point injection; lumbar epidural steroid injection (11.21.14) with resolution of leg pain; cervical epidural steroid injection (10.10.14) with 100% pain resolution; physical therapy; custom brace and wears daily but per 6.22.15 note she needs Lidoderm patch to assist with ability to wear the brace and without the brace she falls frequently; psychological evaluation. Diagnostics include

lumbar MRI showing disc bulge at L3-4 and L4-5 with foraminal narrowing at L4-5 associated with facet arthropathy. In the progress note dated 6/23/15 the treating provider's plan of care includes a request for retrospective authorization for trigger point injection given today.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injections (DOS 06/23/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The MTUS Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation indicated the worker was experiencing falls and pain in the left knee and leg, right arm, and right knee and shoulder. There was no suggestion that the worker had myofascial pain syndrome or chronic regional pain syndrome. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request did not specify the type of medication, if any, that was to be used or the specific areas of the body to be injected. For these reasons, the current request for a trigger point injection of an unspecified medication to unspecified locations for the date of service 06/23/2015 is not medically necessary.