

Case Number:	CM15-0139964		
Date Assigned:	07/29/2015	Date of Injury:	06/06/2011
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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 52 year old female, who sustained an industrial injury on 6-06-2011. Diagnoses include myofascial pain syndrome, muscle spasm, myalgia, chronic pain syndrome, cervical spine stenosis, cervicogenic headaches, occipital neuralgia temporarily improved with trigger point injections, history of anterior cervical discectomy and fusion, depression and anxiety related to chronic pain and loss of function, gastroesophageal reflux disease (GERD) symptoms related to medications and intermittent insomnia due to pain. Treatment to date has included surgical intervention (anterior cervical fusion) as well as conservative treatment including trigger point injections, medications, rest, ice application and a transcutaneous electrical nerve stimulation (TENS) unit. Current medications include Norco, Tizanidine, Voltaren gel, Famotidine, Omeprazole, Senokot, Topiramate and Duloxetine. Per the Primary Treating Physician's Progress Report dated 6-04-2015, the injured worker reported neck pain and spasm, headaches, chronic pain syndrome and upper extremity pain. She reports experiencing less pain and less frequent headaches after receiving trigger point injections at the last office visit. Physical examination of the cervical spine revealed decreased cervical lordosis. There was tenderness over the right greater than left posterior occiput. There was palpable muscle spasm with tenderness over the right paraspinal, right upper trapezius, and right parascapular region. The plan of care included continuation of prescribed medications and TENS unit and trigger point injections. Authorization was requested for 5 trigger point injections x 5 locations.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 trigger point injections times 5 locations: 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 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. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. Additionally, guidelines do not support trigger point injections in more than 3-4 locations. As such, the requested trigger point injections are not medically necessary.