

Case Number:	CM15-0141822		
Date Assigned:	08/17/2015	Date of Injury:	10/07/2014
Decision Date:	09/18/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 38 year old male, who sustained an industrial injury on October 7, 2014. He reported pain in his neck and thoracic spine. The injured worker was diagnosed as having cervical spine muscle spasm, cervical spine pain, cervical spine sprain strain, cervical spine foraminal stenosis, thoracic spine strain, thoracic spine spasm and thoracic spine pain. Treatment to date has included medication and injection. On July 27, 2015, the injured worker complained of pain. The area of pain was no indication. He stated that his medications and patches help him get through work. Medications were noted to help him and relax him, but in the morning he is achy. A prior trigger point injection was reported to be very beneficial. The treatment plan included medications, functional capacity evaluation and a follow-up re-evaluation. On July 14, 2015, Utilization Review non-certified the request for trigger point injection with ultrasound guidance thoracic spine, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection with ultrasound guidance thoracic spine: Upheld

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

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

Decision rationale: With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with 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) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review note that the injured worker previously was treated with trigger point injection on 4/13/15, however, no documentation regarding efficacy was provided. As the criteria calls for greater than 50% pain relief for 6 weeks, medical necessity cannot be affirmed.