

Case Number:	CM15-0147356		
Date Assigned:	08/10/2015	Date of Injury:	03/09/2011
Decision Date:	09/11/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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, Hawaii
 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:

This 53 year old male sustained an industrial injury on 3-09-11. He subsequently reported head, neck, left arm and back pain. Diagnoses include cervical sprain. Treatments to date include MRI testing, neck surgery, acupuncture, massage therapy and prescription pain medications. The injured worker continues to experience left neck and upper back pain as well as headaches. Upon examination, there is cervical occipital region pick muscle bands spasm and twitch response noted. Left cervical range of motion is reduced. A request for Retrospective myofascial trigger point injections (cervical spine) for DOS 7/6/15 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective myofascial trigger point injections (cervical spine) for DOS 7/6/15: Upheld

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

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

Decision rationale: The records indicate the patient is experiencing an exacerbation with complaints of cervical pain and headaches. The current request is for retrospective myofascial trigger point injections (cervical spine) for DOS: 7/16/15. The 7/16/15 attending physician report indicates the patient has had previous benefit with trigger point injections and is motivated to repeat it. He is trying to avoid the use of opiates. The CA MTUS states that myofascial trigger point injections 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. In this case, there is documentation of trigger points with evidence upon palpation of a twitch response as well as referred pain. However, there is no documentation of greater than 50% pain relief obtained for six weeks after the last injection. There is also no evidence of functional improvement from the last injection. Based upon the clinical information provided, there is no documentation to support the medical necessity of repeat trigger point injections. The request is not medically necessary.