

Case Number:	CM15-0149944		
Date Assigned:	08/14/2015	Date of Injury:	12/12/1993
Decision Date:	09/16/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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 64 year old female with an industrial injury dated 12-12-1993. The injured worker's diagnoses include cervical degenerative joint disease, sciatica, greater occipital neuralgia and lumbar spine degenerative joint and disc disease flare up. Treatment consisted of prescribed medications, injections and periodic follow up visits. In a progress note dated 06-19-2015, the injured worker presented for follow up of back pain and neck pain. Objective findings revealed pain with cervical range of motion, lumbar paraspinal spasm, and decreased lumbar range of motion. Trigger points were noted at trapezius, rhomboids, supraspinatus, L5, sciatic right and left and iliac crest. The treatment plan consisted of continuation of present program, medication management and follow up visit. The treating physician prescribed services for trigger point injection under ultrasound guidance of bilateral traps Quantity: 4, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Under Ultrasound Guidance of Bilateral Traps Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

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)" Per progress report dated 6/19/15, trigger points were noted about the trapezius, rhomboids, supraspinatus, L5, sciatic right and left and iliac crest. However, there was no documentation of twitch response and referred pain upon palpation. As the criteria are not met, the request is not medically necessary.