

Case Number:	CM15-0160300		
Date Assigned:	08/27/2015	Date of Injury:	02/07/2007
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 51-year-old female, who sustained an industrial injury on 2-07-2007. She reported a fall, landing on her hands, while working as a waitress. The injured worker was diagnosed as having bilateral C5-6 radiculopathy, fibromyalgia, cervical spine pain secondary to C4-5 and C5-6 osteoarthritis, and secondary spasm around neck and occiput. She had a history of bipolar disorder. Treatment to date has included diagnostics, carpal tunnel release in 2007 and 2008, pool therapy, cervical epidural steroid injections, trigger point injections (most recent 6-29-2015), mental health treatment, and medications. Currently (7-29-2015), the injured worker complains of pain in her neck and back, rated 7 out of 10. She had a left sided rhizotomy since last visit and reported that neck and lumbar rhizotomies helped. She reported a fall from a dresser on 7-07-2015 with head lacerations. She continued to swim and function and was trying to get off Norco three times daily. It was documented that trigger point injections have helped to do this before. She also reported headaches and a history of migraine headaches was noted. Exam noted tender points at the bilateral suboccipital regions, bilateral sternocleidomastoid regions, bilateral trapezius regions, bilateral supraspinatus regions, bilateral buttocks, bilateral greater trochanter regions, bilateral knees, bilateral costochondrals, bilateral lateral epicondyles. She winced when pressure was applied to these points. The treatment plan included bilateral paracervical, bilateral occipital, and bilateral trapezius trigger point injections, to help with pain and further decrease medications. It was documented that she could benefit from further local steroid trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral paracervical, bilateral occipital and bilateral trapezius trigger point injections:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 7/29/15 progress report provided by the treating physician, this patient presents with bilateral wrist/hand pain, bilateral shoulder/elbow pain radiating down her arms,, bilateral foot pain with tingling, and bilateral knee pain. The treater has asked for BILATERAL PARACERVICAL, BILATERAL OCCIPITAL AND BILATERAL TRAPEZIUS TRIGGER POINT INJECTIONS on 7/29/15. The request for authorization was not included in provided reports. The patient is s/p a re-injury/fall in October 2011, which made her pain in the hands; worsen per 7/29/15 report. The patient has not had any recent physical therapy per 7/29/15 report. The patient is s/p cervical epidural steroid injection from 5/18/12, which has improved neck pain. The patient said Pennsaid topical cream gave "slight relief" per 5/21/15report. The patient received trigger point injection to left cervical and left trapezius on 8/7/13 and on 9/12/13 reported pain reduction of 50%. On 10/22/13 the patient had trigger point injection on right paracervical and trapzezius, and on 12/2/13 the patient stated headaches have lessened since trigger point injection, happening once a week while before they happened daily, and also stated she lowered dose of Nucynta and Soma from 3 daily to 2 per 5/21/15 report. The patient's work status is not included in the provided documentation. MTUS, Trigger Point Injections Section (pg 122): Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) While this patient presents with neck pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. Prior trigger point injections have seemed to provide temporary pain relief; however, the patient also presents with radicular symptoms in which case, trigger point injections are not indicated. This patient has fibromyalgia syndrome for which trigger point injections have not been proven effective. The request IS NOT medically necessary.