

Case Number:	CM15-0162612		
Date Assigned:	08/28/2015	Date of Injury:	01/05/2010
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

This 52 year old woman sustained an industrial injury on 1-5-2010. The mechanism of injury is not detailed. Diagnoses include worsening myofascial pain syndrome, cervical spine strain, lumbar spine strain, and bilateral rotator cuff syndrome. Treatment has included oral medications, home exercise program, trigger point injections, and sacroiliac joint injection. Physician notes dated 7-27-2015 show complaints of pain in the bilateral shoulders, lumbar spine, and cervical spine. Trigger point injections were given during this visit. Recommendations include back brace, Naprosyn, Omeprazole, Flexeril, Neurontin, Methoderm gel, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the right trapezius, rhomboid and paracervical muscles QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back - trigger point injections.

Decision rationale: The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records do not demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines do not support trigger point injections in this case. The request is not medically necessary.

Five (5) cc of 1% Lidocaine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, trigger point injections.

Decision rationale: The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records do not demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines do not support trigger point injections in this case. As trigger point injections are not supported, lidocaine is not medically necessary.

Back brace QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine, back brace.

Decision rationale: The medical records do not indicate spinal fusion or other surgery with details regarding potential of spine instability. MTUS does not support lumbar supports in

absence of demonstrated spine instability. As there is no documented instability, the medical records provided for review do not support medical necessity of lumbar support. The request is not medically necessary.