

Case Number:	CM15-0164811		
Date Assigned:	09/02/2015	Date of Injury:	12/15/2011
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 December 15, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic myofascial pain syndrome, chronic lumbar strain, chronic cervical strain, and chronic bilateral sacroiliac joint pain. Treatment and diagnostic studies to date has included chiropractic therapy, medication regimen, and trigger point injections. In a progress note dated August 07, 2015 the treating physician reports complaints of pain to the lumbar sacral spine, bilateral sacroiliac joints with numbness and spasm. Examination reveals bilateral sacroiliac joint tenderness, positive bilateral Faber's test, positive bilateral Gaeslen's testing, decreased range of motion to the neck and back, and positive trigger points to the trapezius muscles. The treating physician noted prior trigger point injections of unknown quantity was performed greater than six weeks from the date of this visit. The treating physician noted that the injured worker experienced greater than 50% relief from prior trigger point injections. The treating physician requested trigger point injections times four to the bilateral trapezius, paracervical, and rhomboid muscles with 5cc 1% Lidocaine noting prior injections as indicated above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection x 4 for bilateral trapezius, paracervical, Rhomboid muscles with 5cc 1 percent Lidocaine: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Although the claimant had prior benefit from the injections, the length of benefit is unknown. In addition, the claimant was also scheduled for medial branch blocks. Therefore, the request for trapezial trigger point injection is not medically necessary.