MAXIMUS Federal Services

Case Number:	CM15-0165699		
Date Assigned:	09/03/2015	Date of Injury:	12/09/2008
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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 52 year old female, who sustained an industrial injury on 12-9-2008. The injured worker was diagnosed as having left sided cervical paraspinous trigger point. The request for authorization is for: trigger point injection (area not specified). The UR dated 8-11-2015: non-certified the request for trigger point injection (area not specified). On 7-21-2015, she reported left sided neck pain which the provider indicated to be paraspinals trigger point pain. She was given a left sided cervical paraspinals trigger point injection on this date as per the records. Post procedure the provider noted she denied lightheadedness or other side effects from the injection and that she was able to ambulate from the clinic. The treatment and diagnostic testing to date has included: trigger point injection to the left side of the neck which consisted of " 4cc's of 0.5% Marcaine, 4 cc's of 1% Lidocaine, and 2 cc's of 40 mg per ml of Methylprednisolone ".

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (area not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

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)" The medical records submitted for review do not contain documentation of circumscribed trigger points with evidence of twitch response. Furthermore, it is noted that the injured worker previously had trigger point injection to the left sided paraspinals on 7/21/15, however there was no documentation of response to warrant repeat injection. The criteria is not met, the request is not medically necessary.