

Case Number:	CM15-0181526		
Date Assigned:	09/22/2015	Date of Injury:	02/17/2009
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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 58 year old male, who sustained an industrial injury on 2-17-2009. Medical records indicate the worker is undergoing treatment for SLAP tear, shoulder sprain-strain, postoperative chronic pain, myofascial pain and poor coping. A recent progress report dated 8-7-2015, reported the injured worker complained of chronic left shoulder, elbow, hand and wrist, pain rated 7 out of 10. Physical examination revealed left trapezius tenderness, paraspinal muscle spasm, left lateral elbow pain and guarding left upper extremity. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), heat, physical therapy, Lidopro, Gabapentin and Tramadol. On 8-7-2015, the Request for Authorization requested Trigger point injections in the left trapezius and left cervical paraspinal muscle x 3 (date of service 08-07-2015). On 8-20-2015, the Utilization Review noncertified the request for Retrospective: Trigger point injections in the left trapezius and left cervical paraspinal muscle x 3 (date of service 08-07-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Trigger point injections in the left trapezius and left cervical PSM x 3 (DOS 08/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Injection with anesthetics and/or steroids.

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. Additionally, the injured worker previously underwent trigger point injections 4/3/15. Following the procedure, there was no documentation of greater than 50% pain relief obtained for at least six weeks, or functional improvement. The criteria is not met, the request is not medically necessary.