

Case Number:	CM15-0188348		
Date Assigned:	09/30/2015	Date of Injury:	10/04/1996
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female who sustained an industrial injury on 10-4-1996. Diagnoses have included cervical myofascial pain syndrome, complex regional pain syndrome, and severe chronic pain syndrome. Documented treatment includes a Dilaudid pump with unspecified date of placement; previous "failed attempts" at physical therapy; Norco reported as reducing pain level from 9 to 4 out of 10 and improving functioning 100 percent; Toradol injections to "break the pain-spasm cycle"; and, trigger point injections, "every two months or so" stated to "double her level of function" and keep her from having to increase Norco intake. On 8-4-2015 the note states that the presence of reflex sympathetic dystrophy pain impairs her quality of life, with her index rated at 38 out of 100. Medications noted include Norco, Zofran, Pristiq, Estradiol, Reglan, Soma, Omeprazole, and Floricet. The injured worker continues to report constant pain, and the physician noted trigger points in the bilateral levator and rhomboid groups upon cervical spine evaluation. The treating physician's plan of care includes right and left levator and rhomboid group trigger point injections to equal 4 which was denied on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right levator and rhomboid groups (4 groups) trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The claimant has a remote history of a work injury in October 1996 and is being treated for chronic pain with diagnoses that include CRPS and cervical myofascial pain syndrome. On 07/08/15 there had been 8 weeks of 50% pain relief after trigger point injections. She had neck pain rated at 7/10. Trigger point injections were performed again. When seen less than one month later, neck pain was again rated at 7/10. There were bilateral levator and rhomboid trigger points, the same as had been present in July. There was positive straight leg raising bilateral. Repeat trigger point injections are being requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the claimant had no change in pain less than one month after the previous trigger point injection procedure. The request is not medically necessary.