

Case Number:	CM15-0209431		
Date Assigned:	10/28/2015	Date of Injury:	01/06/2010
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old female, who sustained an industrial injury on 1-6-10. The injured worker has complaints of low back pain radiating into the right gluteal region and neck pain that is associated with chronic headaches. The injured worker is having radiating symptoms and shooting pain into her right upper extremity; persistent right shoulder pain and burning in both wrists. The injured worker has complaints of burning of the wrist and she has some guarding of the cervical spine but less. Lumbar spine magnetic resonance imaging (MRI) revealed normal spine supra-adjacent to the L4 level, it notes that there is an L4-L5 and L5-S1 (sacroiliac) circumferential fusion and it demonstrates solid anterior fusion at L4-L5 and anterior fusion is incomplete at L5-S1 (sacroiliac). The diagnoses have included status post cervical and lumbar fusion. Treatment to date has included status post cervical fusion; status post lumbar fusion; steroid injections and norco. The original utilization review (9-29-15) non-certified the request for trigger point injection (date of service 6-26-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (dos 6/26/15): Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 defines a trigger point as a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. The guidelines continue to define the indications for trigger point injections which are as follows: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain or fibromyalgia. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. CA MTUS guidelines state that trigger point injections are not indicated for radicular pain, fibromyalgia, typical back pain or typical neck pain. In this case, the exam notes provided demonstrate no evidence of myofascial pain syndrome. The documented physical examination does not show a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. This patient has radicular pain, typical back pain and typical neck pain. Therefore, the request is not medically necessary.