

Case Number:	CM15-0021387		
Date Assigned:	02/10/2015	Date of Injury:	07/10/2013
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57 year old female with an industrial injury dated 07/10/2013 sustained during a slip and fall. Her diagnoses include myofascial pain syndrome, sprain meniscus tear, low back pain, cervicgia, and sprain of knee and leg not otherwise specified. Recent diagnostic testing has included a MRI of the cervical spine (07/24/2014) showing multilevel disc protrusions. Previous treatments have included conservative care, medications, myofascial therapy, prior trigger point injections, and home exercise program. In a progress note dated 12/17/2014, the treating physician reports back pain and increased pain with prolonged walking and concern for falling due to knee problem, despite treatment. The injured worker reported that medications were of partial benefit, and that the previous trigger point injections reduced her pain from 8/10 to 6/10. The objective examination revealed no cervical lordosis or abnormal curvature of the cervical spine, positive tenderness, spasms, tight muscle band and trigger point response to the cervical paravertebral musculature, and tenderness at the trapezius. The treating physician is requesting retrospective cervical thoracic trigger point injection (date of service 12/17/2014 which was denied by the utilization review. On 01/05/2015, Utilization Review non-certified a retrospective request for cervical thoracic trigger point injection (date of service 12/17/2014), noting that the previous trigger point injections did not provide at least 50% reduction in pain, lack of functional benefit or reduction in medication use, and the lack of documentation of the injured worker's participation and compliance with therapy such as ongoing stretching or utilization of non-steroid anti-inflammatory drugs. The MTUS Guidelines

were cited. On 02/04/2015, the injured worker submitted an application for IMR for review of retrospective request for cervical thoracic trigger point injection (date of service 12/17/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective cervical thoracic trigger point injection (DOS: 12/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Low back section, Trigger point injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective cervical and thoracic trigger point injections date of service December 17, 2014 are not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are myofascial pain syndrome; sprain meniscus tear; low back pain; cervicgia; and sprained knee and leg. The documentation indicates the injured worker had a prior trigger point injection. The trigger point injection that was given November 2014 resulted in a reduction of pain from an 8/10 to a 6/10. The end results did not achieve a greater than 50% reduction in pain with reduced medication use and documented evidence of functional improvement. There is no evidence of ongoing conservative treatment including home exercises and stretching. Documentation from a January 14, 2015 progress note shows the temporary reduction in pain associated with the trigger point injection that was given December 2014. The treating physician stated the injured worker felt that after 10 days pain with a 5/10, the pain returned to its usual level. Overall, there was no evidence of functional improvement. Additionally, the procedure notes do not indicate the locations of the injections. The request for authorization includes cervical and thoracic trigger point injections. Consequently, absent clinical documentation with evidence of objective functional improvement, greater than 50% relief of pain, the location

trigger point injections were administered, retrospective cervical and thoracic trigger point injections date of service December 17, 2014 are not medically necessary.