

Case Number:	CM15-0029738		
Date Assigned:	02/23/2015	Date of Injury:	12/04/2000
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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 who sustained a work related injury on December 4, 2000, where she was involved in a motor vehicle accident incurring right shoulder, neck and lower back injuries. Treatment consisted physical therapy, massage therapy, medications and injections. She was diagnosed with cervical stenosis, cervical and lumbar sprains, and shoulder arthritis and knee bursitis. Currently, the injured worker complained of increased pain in the right shoulder, difficulty sleeping due to pain and decreased strength and lifting the right arm. On January 26, 2015, a request for trigger point injections for the date of service, December 23, 2014, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 12/23/14 Trigger point injections (unspecified body part): 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 Official Disability Guidelines (ODG) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service December 23, 2014 trigger point injection to unspecified body part is 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; fibromyalgia; and CRPS. Reportedly, the injured worker received a trigger point injection one month prior to the trapezius muscle with significant improvement. The guidelines state repeat injections are not indicated 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 is no documentation of a greater than 50% pain relief associated with reduced medication use and objective functional improvement. Consequently, absent clinical documentation to support a greater than 50% pain relief associated with reduced medication use and objective functional improvement, retrospective date of service December 23, 2014 trigger point injection to unspecified body part is not medically necessary.