

Case Number:	CM15-0047829		
Date Assigned:	03/19/2015	Date of Injury:	07/01/2009
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old female, who sustained an industrial injury on 07/01/2009. The injured worker is currently diagnosed as having myofascial pain syndrome, chronic cervical spine strain, and chronic right lateral epicondylitis. Treatment to date has included trigger point injections and medications. In a progress note dated 01/13/2015, the injured worker presented with complaints of significant pain in the right elbow with radiculopathy into the right forearm. The treating physician reported requesting authorization for trigger point injection to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4 to the right trapezius, rhomboid, and para cervical muscles with 5 cc of 1% of lidocaine under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: This 48 year old female has complained of neck pain and right elbow pain since date of injury 7/1/09. She has been treated with trigger point injections, physical therapy and medications. The current request is for trigger point injections x 4 to the right trapezius, rhomboid, and para cervical muscles with 5 cc of 1% of lidocaine under ultrasound guidance. Per the MTUS guidelines cited above, 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. The available medical documentation fails to meet criteria number (1) above. That is, there is no objective documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on physical examination. On the basis of the MTUS guidelines and available medical documentation, Trigger point injection lumbar spine under ultrasound guidance is not indicated as medically necessary in this patient.