

Case Number:	CM15-0050446		
Date Assigned:	03/23/2015	Date of Injury:	09/26/2011
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on September 26, 2011. She has reported head and neck pain and has been diagnosed with headache: worse, neck sprain/strain improved, chronic pain syndrome, and unspecified head injury: worse. Treatment has included medication management. Recent progress report noted the injured worker to have neck and head pain 10/10 that was constant, throbbing, and worsened with stress. The treatment plan included trigger point injection, suboccipital region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The patient presents with neck and head pain rated at 8/10. The request is for TRIGGER POINT INJECTION QTY 1. The request for authorization is not provided. Physical examination of the cervical spine reveals trigger points identified in right suboccipital region with radiation of pain to the right arm and face. Positive myospasm bilateral superior trapezius. Range of motion is decreased. Meds decreased pain from 10/10 to 6/10, allow for work duties and ADL, reduce headaches, with no side effects. Patient's medications include Lexapro, Topamax and Relafen. The patient is returned to modified work. The MTUS Guidelines, on page 122, state that "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." Treater does not discuss the request. In this case, the treater documents one of the criteria of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Per progress report dated, 02/26/15, physical examination of the cervical spine reveals "trigger points identified in right suboccipital region with radiation of pain to the right arm and face. Myospasm bilateral superior trapezius." The patient is working and other conservative treatments are also being recommended. The review of the reports do not show prior trigger point injections. Although the request does not specify how many different spots, exam show one localized area of trigger point. The request appears reasonable and consistent with MTUS. The request IS medically necessary.