

Case Number:	CM15-0052639		
Date Assigned:	03/26/2015	Date of Injury:	08/08/2013
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female, who sustained an industrial injury on August 8, 2013. She reported injury to her right eye and neck pain. The injured worker was diagnosed as having pain in or around eye, cervicalgia and unspecified contusion of eye. Treatment to date has included diagnostic studies and medication. On December 12, 2014, the injured worker complained of right eye pain described as intermittent pins and needles, pressure-like and soreness. The pain is rated as a 2 on a 0-10 pain scale. Cervical range of motion was intact with right and left rotation at 90 degrees. Right and left lateralaziation was 45 degrees. Spurling's test was negative bilaterally. Shoulder range of motion was 0-180 degrees in abduction and flexion in both passive and active planes without evidence of impingement or limitation with internal rotation 70 degrees and external rotation 90 degrees bilaterally. The treatment plan included neurology evaluation, trigger point injections, medications, MRI, random drug screens and modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

One trigger point injection to the neck muscles, number of injections not specified, as an outpatient: Upheld

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

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

Decision rationale: According to MTUS guidelines, trigger point injection is “recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. 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. Not recommended for radicular pain. A trigger point is 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. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective.” (Goldenberg, 2004) “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.” There is no clear evidence of myofascial pain or failure of oral medications in this case. In addition, the progress report dated February 23, 2015, does not document the presence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Furthermore, there is no documentation that the trigger point injections are performed as an adjuvant therapy as recommended by ODG guidelines. Therefore, the request for One trigger point injection to the neck muscles is not medically necessary.