

Case Number:	CM15-0054004		
Date Assigned:	03/27/2015	Date of Injury:	02/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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 47 year old female who sustained an industrial injury on 2/19/2014. Her diagnoses, and/or impressions, include cervical spine "S/S" with right upper extremity radiculitis; (illegible) shoulder "S/S"; bilateral wrist "carpal tunnel syndrome, "S/S"; lumbar spine "S/S"; and (illegible) forearm "S/S". No current magnetic resonance imaging studies are noted. Her treatments have included electromyogram and nerve conduction studies of the upper limbs; multiple trigger point injections; acupuncture treatments; a qualitative functional capacity evaluation on 10/16/2014; physical therapy; injection therapy; bio-feedback; and medication management. The physician's notes of 10/23/2014 are handwritten and mostly illegible, but are noted to show improvement to radiating cervical spine pain, lumbar spine pain, and (illegible) shoulder pain; and that she was being released to modified work duties. The treatments requested on the request for authorization received on 2/16/2015, included 1 trigger point injection on 2/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injection on 2/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175;300,Chronic Pain Treatment Guidelines Trigger point Injections; Criteria for use of Trigger point injections.

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

Decision rationale: This 47 year old female has complained of neck pain, low back pain and right shoulder pain since date of injury 2/19/14. She has been treated with acupuncture, trigger point injections, physical therapy, biofeedback and medications. The current request is for retrospective trigger point injection on 2/12/15. 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 (6) above. That is, a 50 % pain relief obtained for six weeks after the last injection with evidence of functional improvement was not documented. On the basis of the available medical documentation and per the MTUS guidelines cited above, retrospective trigger point injection on 2/12/15 is not indicated as medically necessary.