

Case Number:	CM15-0055249		
Date Assigned:	03/30/2015	Date of Injury:	04/17/1992
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
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: New York
 Certification(s)/Specialty: Emergency 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 61 year old male who has reported head, neck, back and leg symptoms after a motor vehicle accident on April 17, 1992. Diagnoses have included chronic pain syndrome, myalgia and myositis, head injury, myofascial pain, and sleep impairment. Treatment to date has included medications and trigger point injections. The reports from the primary treating physician during 2014-2015 reflect ongoing back, neck, and leg pain, 5-10/10. Chronic medications include Invega, gabapentin, zolpidem, and omeprazole. No reports mention work status or specific functional abilities. None of the reports list the injectate used for trigger point injections. Trigger point injections have been given every few months. The report of 9/5/14 referred to a 20% improvement in unspecified function after trigger point injections on 6/18/14. The report of 10/3/14 refers to 50% reduction in pain and 30% improvement in light activities of daily living after prior trigger point injections [no further dates or details given]. More trigger point injections were given for the low and upper back. Toradol was also injected IM. The same chronic medications were continued (gabapentin, zolpidem, omeprazole). The report of 11/3/14 refers to 50% reduction in pain for more than 4 weeks and 30% improvement in light activities of daily living after the last trigger point injections. Pain was now 8/10. The same medications plus Invega were continued. On 1/20/15 there was "crisis" pain of 7-8/10 in the neck and upper back. Trigger point injections and a Toradol injection were given. The same medications were continued. On 3/18/15 Utilization Review non-certified 6 trigger point injections, noting the previously certified trigger point injections, and the lack of current MTUS criteria for trigger point injections. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Levator (Right) quantity1: Upheld

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

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

Decision rationale: The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for "myofascial pain syndrome", as defined in the MTUS. TPI is not indicated for "typical" or non-specific neck and back pain. This injured worker may have myofascial pain syndrome, per the available reports. The reports do not describe a failed course of treatment outlined in the MTUS. The treatment should include exercises, PT, NSAIDs and muscle relaxants. Although this may have occurred sometime in the past, it has not been mentioned in the recent reports. The MTUS recommends specific content of the injectate, and the content of the injectate in this case has not been discussed. The current prescription is for 6 trigger point injections, which exceeds the "3-4" per session recommended in the MTUS. This injured worker received TPI treatment on at least 3 occasions in 2014 and 2015. No reports outline a sufficient degree of benefit per the MTUS criteria. These criteria include 50% pain relief for 6 weeks and "functional improvement." Functional improvement is specifically defined in the MTUS. The treating physician has referred to pain relief for more than 4 weeks, per a visit one month after the injections. There has been no evidence of significant improvement in work status, as work status has not been mentioned. Other functions are not adequately measured over time. Dependency on medical care is not diminished. Medical office visits continue without change. Medications are not decreasing. The physician reports do not show that medication intake has decreased significantly. Trigger point injections are not medically necessary based on the MTUS recommendations, including lack of functional improvement after prior trigger point injections, unspecified injectate, and an excessive number of injections.

Trigger Point Injection Levator (Left) quantity 1: Upheld

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

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

Decision rationale: The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for "myofascial pain syndrome", as defined in the MTUS. TPI is not indicated for "typical" or non-specific neck and back pain. This injured worker may have myofascial pain syndrome, per the available reports. The reports do not

describe a failed course of treatment outlined in the MTUS. The treatment should include exercises, PT, NSAIDs and muscle relaxants. Although this may have occurred sometime in the past, it has not been mentioned in the recent reports. The MTUS recommends specific content of the injectate, and the content of the injectate in this case has not been discussed. The current prescription is for 6 trigger point injections, which exceeds the "3-4" per session recommended in the MTUS. This injured worker received TPI treatment on at least 3 occasions in 2014 and 2015. No reports outline a sufficient degree of benefit per the MTUS criteria. These criteria include 50% pain relief for 6 weeks and "functional improvement." Functional improvement is specifically defined in the MTUS. The treating physician has referred to pain relief for more than 4 weeks, per a visit one month after the injections. There has been no evidence of significant improvement in work status, as work status has not been mentioned. Other functions are not adequately measured over time. Dependency on medical care is not diminished. Medical office visits continue without change. Medications are not decreasing. The physician reports do not show that medication intake has decreased significantly. Trigger point injections are not medically necessary based on the MTUS recommendations, including lack of functional improvement after prior trigger point injections, unspecified injectate, and an excessive number of injections.

Trigger Point Injection Trapezoid, (Right) quantity 1: Upheld

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

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

Decision rationale: The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for "myofascial pain syndrome," as defined in the MTUS. TPI is not indicated for "typical" or non-specific neck and back pain. This injured worker may have myofascial pain syndrome, per the available reports. The reports do not describe a failed course of treatment outlined in the MTUS. The treatment should include exercises, PT, NSAIDs and muscle relaxants. Although this may have occurred sometime in the past, it has not been mentioned in the recent reports. The MTUS recommends specific content of the injectate, and the content of the injectate in this case has not been discussed. The current prescription is for 6 trigger point injections, which exceeds the "3-4" per session recommended in the MTUS. This injured worker received TPI treatment on at least 3 occasions in 2014 and 2015. No reports outline a sufficient degree of benefit per the MTUS criteria. These criteria include 50% pain relief for 6 weeks and "functional improvement." Functional improvement is specifically defined in the MTUS. The treating physician has referred to pain relief for more than 4 weeks, per a visit one month after the injections. There has been no evidence of significant improvement in work status, as work status has not been mentioned. Other functions are not adequately measured over time. Dependency on medical care is not diminished. Medical office visits continue without change. Medications are not decreasing. The physician reports do not show that medication intake has decreased significantly. Trigger point injections are not medically necessary based on the MTUS recommendations, including lack of functional improvement after prior trigger point injections, unspecified injectate, and an excessive number of injections.

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Trigger Point Injection Rhomboid (Right) quantity 1: Upheld

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

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

Decision rationale: The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for "myofascial pain syndrome," as defined in the MTUS. TPI is not indicated for "typical" or non-specific neck and back pain. This injured worker may have myofascial pain syndrome, per the available reports. The reports do not describe a failed course of treatment outlined in the MTUS. The treatment should include

exercises, PT, NSAIDs and muscle relaxants. Although this may have occurred sometime in the past, it has not been mentioned in the recent reports. The MTUS recommends specific content of the injectate, and the content of the injectate in this case has not been discussed. The current prescription is for 6 trigger point injections, which exceeds the "3-4" per session recommended in the MTUS. This injured worker received TPI treatment on at least 3 occasions in 2014 and 2015. No reports outline a sufficient degree of benefit per the MTUS criteria. These criteria include 50% pain relief for 6 weeks and "functional improvement." Functional improvement is specifically defined in the MTUS. The treating physician has referred to pain relief for more than 4 weeks, per a visit one month after the injections. There has been no evidence of significant improvement in work status, as work status has not been mentioned. Other functions are not adequately measured over time. Dependency on medical care is not diminished. Medical office visits continue without change. Medications are not decreasing. The physician reports do not show that medication intake has decreased significantly. Trigger point injections are not medically necessary based on the MTUS recommendations, including lack of functional improvement after prior trigger point injections, unspecified injectate, and an excessive number of injections.

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