

Case Number:	CM15-0058473		
Date Assigned:	04/03/2015	Date of Injury:	01/31/2013
Decision Date:	05/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 65-year-old male sustained an industrial injury to the left shoulder, neck, back, right ankle and right knee on 1/31/13. Previous treatment included magnetic resonance imaging, right knee arthroscopy with lateral meniscectomy, physical therapy, acupuncture, trigger point injections and medications. In a PR-2 dated 3/16/15, the injured worker complained of pain to the lumbar spine with some bilateral leg numbness. Physical exam was remarkable for positive bilateral straight leg raise, decreased range of motion to the back and left shoulder, positive left trapezius muscle spasms with trigger points and decreased left shoulder strength. Current diagnoses included myofascial pain syndrome, chronic lumbar spine sprain/strain, knee pain, rotator cuff syndrome, right ankle pain and status post right knee surgery. The injured worker was administered four trigger point injections to the left shoulder trapezius during the office visit. The treatment plan included medications (Naproxen Sodium, Omeprazole, Flexeril, Neurontin and Methoderm Gel), a magnetic resonance imaging of the left shoulder and a single point cane for assistance with ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; left trapezius / paracervical / rhomboid trigger point injection (TPI) x 4 with 5 cc Lidocaine, for DOS 3/16/2015: 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: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "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 . . . For fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points: (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 medical documentation provided indicates that this patient has had a previous trigger point injection, however, there is no documentation provided of 50% pain relief for six weeks after injection with functional improvement. As such, the request for Retrospective; left trapezius / paracervical / rhomboid trigger point injection (TPI) x 4 with 5 cc Lidocaine, for DOS 3/16/2015 is not medically necessary at this time.