

Case Number:	CM15-0063074		
Date Assigned:	04/20/2015	Date of Injury:	10/23/1988
Decision Date:	07/17/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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: Internal 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 68 year old female, who sustained an industrial injury on October 23, 1988. The injured worker's initial complains of and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical radiculopathy and chronic pain other. Diagnostics to date has included an MRI of the brain. Treatment to date has included treatment for myofascial pain with a trauma headache and facial pain specialist and anti-epilepsy, antidepressant, proton pump inhibitor, non-steroidal anti-inflammatory and topical pain medications. On January 29, 2015, the injured worker complains of ongoing pain of the neck, low back, bilateral upper extremities, temporal headaches, medication associated gastrointestinal upset and occasional nausea. The physical exam revealed cervical spine vertebral tenderness in cervical 5-7, myofascial trigger points with twitch response in the left trapezius and left rhomboid muscles, decreased cervical range of motion, significantly increased pain with rotation, and intact sensory exam of the bilateral upper extremities. The treatment plan includes renewal of her proton pump inhibitor, non-steroidal anti-inflammatory and topical pain medications. The requested treatment are trigger point injections of the left masseter muscle, left sternocleidomastoid, left occipital muscle, left temporalis muscle, left trapezius muscle, right masseter muscle, right sternocleidomastoid muscle, right occipital muscle, right temporalis muscle, and right trapezius muscle - one per week for each site for 6 weeks as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Masseter muscle trigger p point injections one per week for six weeks as needed:

Upheld

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

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

Decision rationale: As per California MTUS Chronic Pain Medical Treatment guidelines Trigger point injections are 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. 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) Criteria for the use of Trigger point injections: 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. This Requested Treatment is evaluated in light of the MTUS recommendations for Trigger point injections. Medical Records of the injured worker are not clear about the trigger points as defined in these Guidelines. The request for administering injections weekly does not comply with the CA MTUS Guidelines. Given the MTUS recommendations for use of Trigger point injections, the prescription for Left Masseter muscle trigger point injections one per week for six weeks as needed is not medically necessary.

Left Sternocleidomastoid muscle trigger point injections one per week for six weeks:

Upheld

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

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Left Suboccipital muscle trigger point injections one per week for six weeks as needed:
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Left Temporalis muscle trigger point injections one per week for six weeks as needed:
Upheld

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

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

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Left Trapezius muscle trigger point injections one per week for six weeks as needed:

Upheld

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Right Masseter muscle trigger point injections one per week for six weeks as needed:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trigger Point Injections.

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Decision rationale: As per California MTUS Chronic Pain Medical Treatment guidelines Trigger point injections are 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. 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) Criteria for the use of Trigger point injections: 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

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Right Sternocleidomastoid muscle trigger point injections one per week for six weeks as needed: Upheld

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Right Suboccipital muscle trigger point injections one per week for six weeks as needed:
Upheld

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Right Temporalis muscle trigger point injections one per week for six weeks as needed:
Upheld

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Right Trapezius muscle trigger point injections one per week for six weeks as needed:
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