

Case Number:	CM15-0087339		
Date Assigned:	05/11/2015	Date of Injury:	03/27/1993
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/06/2015

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: California, Indiana, 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 67 year old male, who sustained an industrial/work injury on 3/27/93. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having myalgia, myositis, congenital spondylolisthesis, sprains and strains of back. Treatment to date has included medication, trigger point injections, and diagnostics. Currently, the injured worker complains of pain in shoulders and low back as well as insomnia. Per the primary physician's progress report (PR-2) on 2/18/15, examination revealed 4+/5 motor strength, sensation impaired diffusely, gait was slow and unsteady and used a 3 poster cane. Current plan of care included referral for aquatic therapy and deep tissue massage. The requested treatments include 1 Retrospective Review for Trigger Point Injections, (Dos 02/18/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective Review For Trigger Point Injections, Dos 02/18/15: 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 Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one retrospective review trigger point injection date of service February 18, 2015 is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are traumatic brain injury; cervical HNP without radiculopathy; herniated disc syndrome; lumbar HNP with radiculopathy; cervical strain or sprain; myofascial pain syndrome; lumbar sprain and strain; therapeutic drug monitor; essential tremor; myoclonus; brain injury NEC; depressive disorder NOS; insomnia. The documentation shows the injured worker received multiple trigger point injections (progress note states 6 utilization review states 12) according to a January 8, 2015 progress note. According to a February 18, 2015 progress note (six weeks later), the injured worker presents for follow-up of trigger point injections and additional trigger point injections as needed. The documentation does not contain evidence of 50% pain relief with reduced medication use for six weeks after injection with evidence of objective functional improvement. Additionally, the guidelines do not recommend more than 3 to 4 injections per session. At a minimum, the injured worker received six trigger point injections (12 according to the UR). The guidelines do not support the trigger point injections based on the recommended guidelines for repeat injections. Additionally, the injured worker received 12 trigger point injections on February 18, 2015. The number of TPI given exceeds that recommended by the guidelines. Consequently, absent clinical documentation with evidence of 50% pain relief with reduced medication use for 6 weeks after injection with evidence of objective functional improvement and 12 trigger point injections (in excess of the recommended guidelines), one retrospective review trigger point injections date of service February 18, 2015 is not medically necessary.