

Case Number:	CM14-0122460		
Date Assigned:	09/16/2014	Date of Injury:	06/20/2007
Decision Date:	10/20/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female who has submitted a claim for myofascial pain syndrome, cervical and lumbar spondylosis, and cervical and lumbar radiculopathy associated with an industrial injury date of 06/20/2007. Medical records from November 2013 to July 2014 were reviewed which showed persistent pain in the neck and low back, 6/10, with occasional radiation down to the left lower extremity. Physical examination findings from progress notes dated 07/11/2014 and 05/06/2014 showed tenderness to palpation and spasticity of the cervical and lumbar paraspinal musculature with few distinct trigger points and positive twitch signs. There was also tenderness to palpation of both upper trapeziuses, left more than the right. Treatment to date has included medications: Singular, Ibuprofen, Skelaxin, Norco, and Neurontin, home exercise program, acupuncture, and ultrasound-guided trigger point injections to upper trapezius and lumbar paraspinals, 10 points injected, last May 6, 2014. Utilization review 07/18/2014 denied the request for ultrasound-guided trigger point injections to upper trapezius and lumbar paraspinals since a 50% pain relief for 6 weeks after the injection and documented evidence of functional improvement was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided Trigger Point Injections to Upper Trapezius and Lumbar Paraspinals (up to 10 points injected): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: As stated on page 122 of the MTUS Chronic Pain Guidelines, the criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, the patient had prior trigger point injections on 5/6/2014. However, there was no documented pain relief or functional improvement from previous treatment. Subjective complaints as well as physical examination findings remain the same before the treatment on 05/06/2014 and on follow-up 07/11/2014. Likewise, the request was up to 10 injections, however, guidelines recommend no more than 3-4 injections per session only. Guideline criteria have not been met. Therefore, the request is not medically necessary.