

Case Number:	CM14-0126539		
Date Assigned:	08/13/2014	Date of Injury:	03/10/2008
Decision Date:	10/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 61-year-old male who sustained a work injury on 3-10-08. The claimant had trigger point injections on 10-10-13 that provided pain relief of over 70%. Office visit on 7-3-14 notes the claimant is treating with medications. He had trigger point injections six weeks prior and reported reduced pain for over 6 weeks with increased ability to perform a home exercise program. On exam, the claimant had less tenderness to palpation with taut bands and myofascial trigger points with twitch response causing radiating pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections, Series of 3 Sessions-Trapezius, and Levator Scapula Muscles:

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 rationale: Chronic Pain Medical Treatment Guidelines notes that 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. This claimant has had prior trigger point injections with reported improvement. Exam notes the claimant has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. However, the request is for a series of three trigger point injections, current treatment guidelines reflect that no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection, there is documented evidence of functional improvement, and that the frequency should not be at an interval less than two months. Based on the records provided, the request for series of three injections is not supported. Therefore, is not medically necessary.