

Case Number:	CM14-0129632		
Date Assigned:	08/20/2014	Date of Injury:	01/01/2004
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of January 1, 2004. A utilization review determination dated August 8, 2014 recommends noncertification of trigger point injections. A progress report dated July 24, 2014 includes subjective complaints of low back pain and neck pain. She has been using Lodine which is helping manage the pain. She has never been through physical therapy for her back but walks on a regular basis. Physical examination findings reveal limited cervical range of motion with pain upon extension, 5/5 strength and upper extremities, normal sensation, and "trigger points + right >left C paraspinal and trapezius with appropriate referral pattern." Diagnoses include facet arthropathy, thoracic pain, low back pain, and neck pain. The treatment plan recommends etodolac, physical therapy, psychologist, and trigger point injections. The requesting physician includes cites guideline criteria for the use of trigger point injections including evidence upon palpation of a twitch response as well as referred pain and failure of conservative treatment including physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to cervical spine trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation ACOEM practice guidelines, 2nd ed. (2004) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are unclear physical examination findings consistent with trigger points. There is no twitch response and non-specific documentation of referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment, including physical therapy. In the absence of such documentation, the requested trigger point injections are not medically necessary.