

Case Number:	CM14-0133519		
Date Assigned:	08/27/2014	Date of Injury:	11/25/2008
Decision Date:	10/08/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/21/2014

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 & 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 this claimant is a 70 year old female who sustained a work related injury on 11-25-08. On this date, the claimant had a slip and fall sustaining injuries to the neck and low back. The claimant has been treated with medications, transforaminal epidural steroid injection. Most recent office visit dated 7-24-14 the claimant had significant lower back pain with radiation in to the lower extremities. The claimant performs a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic myofascial trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Pain Chaoter - trigger point injections

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG 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; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Documentation provided fail to document that this claimant has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, based on the records provided, the medical necessity of this request is not established as medically necessary. The claimant does not meet the criteria to support this request.