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| Case Number: | CM14-0136137 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 02/06/2014 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 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:

According to the records made available for review, the injured worker is a 53-year-old male with a 2/6/14 date of injury. There is documentation of subjective finding of spasm of the right trapezius and objective findings of trigger points over the right trapezius with spasms; and decreased cervical range of motion. Current diagnoses are myofascial pain syndrome, cervical strain, and right lateral epicondylitis. Treatment to date includes physical therapy, medications, and activity modification. In addition, 8/9/14 medical report identifies circumscribed trigger points palpated in the right trapezius muscle, symptoms have persisted for more than three months, radiculopathy is not present, and medical management therapy such as exercise, physical therapy and medications has failed to control the pain. There is no documentation of a twitch response as well as referred pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, quantity four to the right trapezius, rhomboid, para cervical muscles with 5cc 1% Lidocaine under ultrasound: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, cervical strain, and right lateral epicondylitis. In addition, there is documentation of myofascial pain syndrome; circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam); and no more than 3-4 injections per session. However, there is no documentation of a twitch response as well as referred pain. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections, quantity four to the right trapezius, rhomboid, para cervical muscles with 5cc 1% Lidocaine under ultrasound is not medically necessary and appropriate.