

Case Number:	CM14-0136891		
Date Assigned:	09/03/2014	Date of Injury:	01/14/2013
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50 year old male who was injured on 1/14/2013. He was diagnosed with myofascial pain syndrome, lumbar radiculopathy, and lateral epicondylitis. He was treated with muscle relaxants, epidural steroid injections, acupuncture, NSAIDs, antidepressants, and Neurontin. On 7/16/14, the worker was seen by his primary treating physician complaining of continual pain in his right elbow and lumbar spine with numbness of both legs, without change. He reported acupuncture providing some benefit. Physical examination findings were illegible, but did not include any mention of any trigger points found on examination. Then trigger point injections in the lumbosacral area as well as continued acupuncture was recommended to the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection x4 to bilateral iliolumbosacral paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trigger Point injection.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In case of this worker, the provider did not document any clear findings that suggested he had trigger points that might have warranted consideration of trigger point injections. Also, there was no documentation mentioning whether or not the worker was failing oral medications. There was no mention of any physical modality being used such as physical therapy. Also, there was subjective evidence as well as a diagnosis code that suggested the worker had radiculopathy. Therefore, the trigger point injections are not medically necessary.