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| Case Number: | CM14-0137246 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 10/19/2013 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/13/2014 |
| 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 Ohio. 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 injured worker is a 35 year old male with a date of injury of 10/19/2013. Evidently, a high pressure gas hose whipped from his hands leading to pain in the left shoulder, mid and low back regions. The physical exam reveals left shoulder tenderness and decrease range of motion. There is diminished lumbar range of motion, facet region tenderness, and tenderness to palpation of the paraspinal lumbar muscles inclusively. There is diminished thoracic range of motion with tenderness to palpation of the paraspinal muscles inclusively. Straight leg raise testing is positive bilaterally. He has been treated with 3 rounds of myoneural injections (trigger point injections) of the back, and has had acupuncture, physical therapy, massage, chiropractic, exercise, and transcutaneous electrical nerve stimulation (TENS) therapy. The diagnoses include left shoulder arthropathy, lumbar radiculopathy, and lumbar disc displacement without myelopathy, lumbar spinal stenosis and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myoneural injections to the left scapular (quantity unknown): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Trigger Point Injections

Decision rationale: Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment. In this instance, there is no documentation of twitch responses from the available record. He has had 3 rounds of myoneural injections previously (back) with no documentation of the response to those. There seems to be no documentation of well circumscribed trigger points with palpable twitch responses in the region of the left scapula. Based on the referenced guidelines, criteria are not met for myoneural injections to the left scapular.