

Case Number:	CM14-0138392		
Date Assigned:	09/05/2014	Date of Injury:	06/05/1998
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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 & 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 59-year-old female who reported an injury on 06/05/1998. The mechanism of injury was not provided. On 10/24/2013, the injured worker presented for a trigger point injection x12 to the bilateral cervical paravertebral musculature, bilateral trapezius musculature, bilateral thoracic paravertebral musculature. On 12/26/2013, the injured worker presented for a followup of neck and upper extremity pain. On examination, there were significant spasm and tightness in the neck and upper back. She had difficulty bending the neck due to pain, and pain is worse with prolonged walking. There was tenderness and hypertonicity with a trigger point on deep palpation. There was tenderness to the trapezius muscle bilaterally. The diagnoses were syndrome cervical/brachial, neck pain, pain in the thoracic spine, and sprain/strain of the neck. The provider recommended a trigger point injection for the cervical spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injections x 10 for the cervical spine, date of service (DOS) 10/24/2013,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections (TPIs) Page(s): 1.

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

Decision rationale: The request for a retrospective request for trigger point injections x10 for the cervical spine, date of service (DOS) 10/24/2013, is not medically necessary. The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome as indicated with limited lasting value and is not recommended for articular pain. Trigger point injections with local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome when there is documentation of a circumscribed trigger point with evidence on palpation of a twitch response as well as referred pain, symptoms persisting for more than 3 months, medical management and therapy such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain, radiculopathy not present, no more than 3 to 4 injections per sessions, and no repeat injections unless a greater than 50% relief is obtained for 6 weeks. There was a lack of documentation demonstrating a twitch response upon palpation, the documentation of medical management therapy such as ongoing stretching exercises, physical therapy, and NSAIDs and muscle relaxants that have failed to control pain. Additionally, the provider's request for ten trigger point injections exceed the guideline recommendation of no more than 3 to 4 injections per session. As such, the request is not medically necessary.