

Case Number:	CM14-0142305		
Date Assigned:	09/10/2014	Date of Injury:	05/15/1998
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine 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:

The injured worker is a 45-year-old male who reported an injury on 05/15/1998. The mechanism of injury was not provided. On 05/01/2014, the injured worker presented with almost 6 months pain relief, with pain returning. The diagnoses were brachial plexopathy and status post thoracic spine surgery. Much of this note is handwritten and largely illegible. A physical examination was not performed. There were no prior treatments listed. The provider recommended a tendon muscle joint injection; 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:

Tendon muscle injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Trigger point injections

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend trigger point injections for myofascial pain syndrome with limited lasting value and it not recommended for radicular pain.

Trigger point injections with local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms persisting 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, no more than 3 to 4 injections per session, and no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection. There is lack of evidence in the documentation that the medical management such as ongoing stretching and physical exercise as well as NSAIDs and muscle relaxants have failed to control pain. In addition, there was no evidence of a physical examination. There is a lack of documentation of a twitch response upon palpation. The provider's request does not indicate the specific injection being requested, the amount of injections being requested, or the site at which the injections were to be taking place in the request as submitted. As such, the request is not medically necessary and appropriate.