

Case Number:	CM14-0149922		
Date Assigned:	09/18/2014	Date of Injury:	10/01/1990
Decision Date:	10/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 58 year-old homebound man with a date of injury of Oct 1, 1990. He had 3 trigger point injections given on Aug 13, 2013. His medical history is that of chronic pain, depression, and a lumbar fusion from L2-S1. After the surgery he had increased spasms in his left lower back and leg and low back pain with radiculitis in his legs and feet with some relief with Lunesta, Savella and Neurontin. He was diagnosed with post-laminectomy syndrome and had three trigger point injections in the lumbar paravertebral region. His exam on Aug 13, 2013 prior to the trigger point injections administration was notable for a positive straight leg raise and positive myofascial trigger points in the cervical and lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO TRIGGER POINT INJECTION DONE IN HOUSE (8/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

Decision rationale: A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger

points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. They are not recommended for typical back pain or neck pain. Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. They are not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Per the Medical Treatment Utilization Schedule (MTUS), trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. They are not recommended for radicular pain. The criteria for the use of trigger point injections for the treatment of chronic low back or neck pain with myofascial pain syndrome are: (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, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief 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. This injured worker has been diagnosed with post-laminectomy pain syndrome and radiculitis with physical exam evidence of multiple trigger points, absence of muscle twitches and chronic duration of pain with improving pain control with other analgesics. Therefore the trigger point injections were not medically necessary.