

Case Number:	CM14-0161463		
Date Assigned:	10/06/2014	Date of Injury:	10/21/2004
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 64 year old female with a date of injury on 10/21/2004. The mechanism of injury is not specified. She was diagnosed with (a) repetitive strain injury with myofascial pain syndrome of the bilateral upper extremities; (b) stenosing tenosynovitis of the bilateral upper extremities; (c) basilar joint arthritis; (d) degenerative cervical disc disease; (e) degenerative thoracic disc disease; and (f) degenerative lumbar disc disease. In the recent evaluation dated July 28, 2014, it was indicated that she continued to have complaints of neck, upper extremities, and low back pain. It was stated that she has noted increasing pain in her upper extremities as well as pain and swelling in her hands especially over the right index finger. There was also an increased triggering of her fingers. The physical examination revealed that the injured worker is in moderate distress and appeared anxious. Discrete tender trigger points were noted over the neck, posterior shoulder, and over the upper extremities with muscle twitch points. Swelling was noted over the right index finger in the second web space. Trigger point injection was given over the right and left upper trapezius, mild scapular, and scapular area. This is a review of the retrospective trigger point injection given on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Unknown Trigger Point Injection on 07/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections; Criteria for the use of Trigger point in.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the criteria for the use of trigger point injections, which includes medical management therapy such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory drugs, and muscle relaxants, have failed to control pain. The medical records provided do not indicate any specific evidence of physical therapy or any rehabilitative modalities have failed in the management of neck pain. Additionally, the guideline states that 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. The medical records provided for review failed to provide objective evidence of greater than 50% pain relief as well as functional improvement in her first trigger point injection on January 27, 2014. Furthermore, the injured worked continued to complain of significant pain in her neck and trapezius muscles. Therefore, it can be concluded that the medical necessity of the requested trigger point injection is not established. The request for Trigger Point Injection on 07/28/2014 is not medically necessary.