

Case Number:	CM14-0165976		
Date Assigned:	10/13/2014	Date of Injury:	09/15/1997
Decision Date:	11/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Practice and is licensed to practice in North Carolina. 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 claimant had a date of injury of 9/15/1997. Diagnoses include chronic headaches, neck pain and thoracic pain. Prior treatments include physical therapy, massage therapy, medication and trigger point injections. The request is for trigger point injections 2-3 times over month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical (neck) trigger point injections two to three times over the next one month as an outpatient.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 122..

Decision rationale: CA MTUS guidelines state that trigger point injections are an option for the treatment of myofascial pain, with little evidence existing for lasting value. Trigger pint injections are not recommended for use in radicular pain. The addition of a corticosteroid to the local anesthetic is not recommended. Trigger points may be present in 33-50 % of the adult population. Trigger point injection may be necessary for function in patients with myofascial trigger points when present on exam in conjunction with myofascial pain syndrome. Trigger

point injections are not recommended for use in fibromyalgia or in typical back or neck pain. Criteria for use includes documentation of trigger points with both twitch response and referred pain on palpation, symptoms present for at least three months, documentation of trial of conservative therapies, no radicular symptoms present, no more than 3-4 injections per session at intervals no closer than 2 months, repeat trigger point injections should be used only when a 50 % reduction in pain accompanied by improved functional status and no substance other than local anesthetic should be used as the injecting solution. In this case, the request is for multiple injections (2-3) over a month period. This exceeds the recommendation that trigger point injections be at intervals no closer than 2 months. Trigger point injections 2-3 times over a month are not medically indicated.