

Case Number:	CM14-0168613		
Date Assigned:	10/16/2014	Date of Injury:	11/18/2009
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 11/18/09. A utilization review determination dated 10/3/14 recommends non-certification of trigger point injections. 9/22/14 medical report identifies problems with neck, low back, and bilateral knees. Pain is 9/10. On exam, gait is antalgic with a cane and there are "discrete tender points over his neck, posterior shoulders, and low back with muscle twitch points." Trigger points were injected. Previous injections were performed on 8/11/14 and decreased pain level "up to 50%, and increase functional ADLs (activity of daily living) and exercises. The estimated length of benefit from the injections is 6 weeks." Earlier injections were done on 7/1/14 with the same response noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown trigger point injections over the right and left upper trapezius, scapular and lumbar areas with 2cc of 0.25% Bupivacaine and 3cc of 1% Lidocaine: 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 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. It is also noted that no more than 3-4 injections should be done per session, frequency should not be at an interval less than two months, there should be evidence of continued ongoing conservative treatment including home exercise and stretching, and, if pain persists after 2 to 3 injections, the treatment plan should be reexamined as this may indicate a lack of appropriate diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. Within the documentation available for review, the patient has received trigger point injections multiple times at approximately 6-week intervals with up to 50% relief and "increase functional ADLs and exercises" without further description. Pain relief is not noted to be at least 50%, there is no documentation of decreased medication use, the number of specific sites injected per session is not noted, the frequency of the injections thus far is less than the two months recommended by the guidelines, there is no clear evidence of adherence to ongoing treatment including home exercise and stretching, and there is no clear rationale for ongoing use of this treatment given the persistent pain after multiple injections. In light of the above issues, the requested trigger point injections are not medically necessary.