

Case Number:	CM14-0099459		
Date Assigned:	07/28/2014	Date of Injury:	03/12/2014
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/27/2014

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 Montana. 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 housekeeper who sustained an injury on 3/12/14 when moving a sofa. The injury at that time appeared to be primarily related to the right upper extremity. The primary treating physician notes that she has symptoms related to her repetitive work as a housekeeper since 1998. Her current complaints include neck and low back pain with radiation to bilateral upper and lower extremities and bilateral shoulder pain. She did have an MRI of the cervical spine which showed diffuse intervertebral disc herniation from C3-4 to C6-7 with associated spinal stenosis and neuroforaminal stenosis at C5-6 and C6-7. Treatment has included multiple visits with physical therapy, medications including opioids, and activity modification. The primary treating physician's note on 5/6/14 indicates that trigger point injections were discussed but declined by the patient. Subsequent treatment notes do not show that trigger point injections were again requested. The Utilization review dated 5/28/14 states that the request was withdrawn by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS- CERVICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Trigger Point Injections, and Pain, Trigger Point Injections.

Decision rationale: The MTUS in the ACOEM guidelines states that invasive techniques such as injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patient's presenting in the transitional phase between acute and chronic pain. The ODG Guidelines note that trigger point injections (TPIs) are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicgia. The ODG criteria for TPIs with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) No more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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) TPIs with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) 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. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment. In this case there is no evidence that the primary treating physician has actually requested trigger point injections. The treatment notes do not indicate a diagnosis of myofascial pain and MRI findings are suggestive of likely radiculopathy. As such, the request for trigger point injections-cervical is not medically necessary.