

Case Number:	CM13-0050731		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2008
Decision Date:	07/22/2015	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 42 year old male, who sustained an industrial injury on 12/05/2008. He has reported subsequent neck, back and head pain and was diagnosed with cervical and lumbar sprain/strain, chronic myofascitis and sciatica. Treatment to date has included medication, physical therapy and massage. In a progress note dated 07/31/2013, the injured worker complained of depression, anxiety, chronic pain, insomnia, irritability, cognitive deficits, fatigue and gastrointestinal distress. No objective findings were documented. A request for authorization of trigger point injection and small fiber biopsy was submitted. There was no medical documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Criteria for the use of Trigger point injections.

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

Decision rationale: The request is for trigger point injection. It is recommended only for myofascial pain syndrome, with limited lasting value. It is 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. Not recommended for radicular pain. 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. It is not recommended for typical back pain or neck pain. Trigger point injections 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) 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. The documentation provided does not clearly demarcate a clear twitch response as well as referred pain. Therefore, the request as written is not supported by the MTUS guidelines and is therefore not medically necessary.

Small fiber biopsy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and Treatment of Pain in Small Fiber Neuropathy, Alexandra Hovaguimian and Christopher H Gibbons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape; Muscle Biopsy and Clinical and Laboratory Features of Neuromuscular Disease Author: Roberta J Seidman, MD; Chief Editor: Erik D Schraga, MD. <http://emedicine.medscape.com/article/1847877-overview>.

Decision rationale: The request is for a small fiber biopsy, or muscle biopsy. It is an invasive process, and requires localization of the correct muscles for biopsy as well as timing the procedure to coincide with the likelihood of a good diagnostic yield. This would typically be performed to rule out the possibility of a neuromuscular disease, such as muscular dystrophy. This would typically not be a condition that would be acquired from a work related injury. The MTUS and Official Disability Guidelines do not comment on muscle biopsy. There is no clear explanation within the documentation available for review how a test that would typically be performed to rule out a neuromuscular disease is indicated, or how the work-up would come under the purview of workers compensation. The request as written is not supported by any resources available for guidance, and therefore is not medically necessary.