

Case Number:	CM14-0169971		
Date Assigned:	10/20/2014	Date of Injury:	12/15/2011
Decision Date:	05/07/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/15/2014

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. 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: Florida

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 12/15/2011. The injured worker was diagnosed as having myofascial pain syndrome, cervical and lumbar strain/sprain, and cervical radiculopathy. Treatment to date has included medications and trigger point injections. Progress notes support that trigger point injections (x4) were previously given, although the injection sites were not always specified. On 9/22/2014, the injured worker complained of pain in the cervical spine. The progress note was handwritten and partially illegible. It was documented that the last set provided over 50% relief. Pain levels were not noted. Medications included Naprosyn, Omeprazole, Flexaril, Neurontin, and Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four trigger point injections on the bilateral trapezius paracervical muscles with 5 cc Lidocaine 1%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Section Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122-123.

Decision rationale: MTUS guidelines outline the following criteria for the use of Trigger point injections: "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. (Colorado, 2002) (BlueCross BlueShield, 2004)"This patient's case satisfies all of the above criteria. There is adequate documentation of trigger points. Symptoms have persisted for more than three months. Conservative measures have failed. Radiculopathy is not present. Not more than 4 injections are being requested. There has been greater than 50% pain relief for up to six weeks after prior injections and there is documented evidence of functional improvement. It has been at least 2 months since the last injection per the requesting physician's appeal letter. This request is considered medically necessary.