

Case Number:	CM14-0190126		
Date Assigned:	11/21/2014	Date of Injury:	06/21/2002
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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 & 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:

According to the records made available for review, this is a 69-year-old male with a 6/21/02 date of injury. At the time (9/24/14) of the request for authorization for Trigger Point Injection, Cervical Area and Upper Trapezius, Left QTY 1, there is documentation of subjective (neck pain with radiation of pain to the arms) and objective (trigger points persist in the splenius capitus, trapezius, supraspinatus, and levator scapula) findings, current diagnoses (disorders of bursae and tendons in shoulder region unspecified, COAT, facet arthropathy, pain in joint involving shoulder region, neck pain chronic, degenerative disc disease cervical, chronic pain syndrome, ankylosing spondylitis, and myalgia and myositis unspecified), and treatment to date (trigger point injections with over 70% pain relief for several months). There is no documentation of evidence of functional improvement following previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection, Cervical Area and Upper Trapezius, Left QTY 1: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of disorders of bursae and tendons in shoulder region unspecified, COAT, facet arthropathy, pain in joint involving shoulder region, neck pain chronic, degenerative disc disease cervical, chronic pain syndrome, ankylosing spondylitis, and myalgia and myositis unspecified. In addition, given documentation of trigger point injections with over 70% pain relief for several months, there is documentation that greater than 50% pain relief obtained for six weeks after an injection and injections not at an interval less than two months. However, there is no documentation of evidence of functional improvement following previous injections. Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injection, Cervical Area and Upper Trapezius, Left qty 1 is not medically necessary.