

Case Number:	CM14-0196581		
Date Assigned:	12/04/2014	Date of Injury:	11/27/1986
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 female injured worker with date of injury of 11/27/1986. Medical records indicate the injured worker is undergoing treatment for lumbago, chronic pain syndrome, major depressive disorder, recurrent episode and disturbance of salivary secretion. Subjective complaints include back pain and leg weakness. Objective findings include decreased sensation at L4, L5 motor distribution bilaterally, motor weakness in ankle dorsiflexor and peroneus longus, trigger points noted in upper cervical paraspinals, upper trapezius, rhomboids, scalenes and subclavian muscles. She has significant hip flexor contractures on both sides with at least 15 degrees. Trigger points were also noted in the lower lumbar paraspinal region and gluteal muscles. Straight leg test is positive with bilateral lower extremities at 60 degrees and increased with ankle dorsiflexion. Treatment has consisted of use of a wheelchair, Aspen back brace, physical therapy, acupuncture, Cymbalta, Klonopin, Prevacid, Seroquel, Lyrica, Trazodone, Tramadol, Pepcid, Norco and Gabapentin. The utilization review determination was rendered on 11/19/2014 recommending non-certification of Eight Trigger Point Injections for the Upper Cervical Region, 8 Positions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Trigger Point Injections for the Upper Cervical Region, 8 Positions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Trigger Point Injections and Physical Therapy.

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "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. For fibromyalgia syndrome, trigger points injections have not been proven effective." The medical documents do meet some criteria for trigger point injections per MTUS, but the treating physician did not document twitch response with referred pain. MTUS specifically states that "radiculopathy should not be present by exam, imaging, or neuro-testing." However, subjective complaints of radiculopathy are present on numerous treatment notes. As such, the request for Eight Trigger Point Injections for the Upper Cervical Region, 8 Positions is not medically necessary.