

Case Number:	CM14-0210222		
Date Assigned:	12/23/2014	Date of Injury:	11/12/2001
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 patient is a 68 year old female with a date of injury of 11/12/2001. She was reaching for a box and fell on her right knee. She had a cervical fusion. She has been treated with medication, physical therapy and previously had trigger point injections. On 05/13/2014 she had right knee pain. She did not have myofascial pain syndrome. On 05/27/2014 she had 8 trigger point injections to her neck and trapezius. On 06/24/2014 she had 4 trigger point injections to paravertebral neck and trapezius muscles. On 07/15/2014 she had right knee pain. There was no mention of whether or not the trigger point injections were beneficial or not. On 07/23/2014 she had 2 trigger point injections to trapezius muscles. On 09/05/2014 she had right knee arthroscopic surgery. The request is for more trigger point injections in 11/2014. The 11/12/2014 office visit note does not mention any trigger points. She had decreased cervical range of motion and right knee pain. It was noted that she had cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection under ultrasound: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26MTUS (Effective July 18, 2009) Page 122. Trigger point injections "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. 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. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective.(Goldenberg, 2004)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. "The patient had cervical radiculitis and trigger point injections are not recommended for radiculopathy. Trigger point injections are not recommended for typical neck pain. There is no documentation of myofascial pain. There is no documentation of significant improvement after the previous trigger point injections.