

Case Number:	CM15-0004427		
Date Assigned:	01/15/2015	Date of Injury:	01/14/2014
Decision Date:	03/30/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York, Tennessee
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 60 year old male, who sustained an industrial injury on January 14, 2014. The diagnoses have included lumbago and low back pain, headache, cervical pain and cervicgia, pain foot, leg, arm and finger and cervical radiculopathy. Treatment to date has included physical therapy, home exercise program, anti-inflammatory cream. Currently, the injured worker complains of low back pain, right mid back pain, right shoulder pain and neck pain. The injured worker reported that he is beginning to tremble on the right side upper and lower extremity. A recent EMG nerve conduction study was essentially normal. There was neither evidence of cervical radiculopathy nor any medium ulnar or radial neuropathies. On examination the injured worker had decreased flexion and extension of the spine, tenderness, decreased rotation and decreased left and right lateral bending. On December 26, 2014, Utilization Review non-certified a request for a series of three trigger point injections to the right mid back, noting that there is no documentation of circumscribed trigger points with evidence upon palpation of twitch response as well as referred. The California Medical Treatment Utilization Schedule was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of series of three trigger point injections to the right mid back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three trigger point injections to the right mid back: Upheld

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 Pain Interventions and Guidelines Page(s): 122.

Decision rationale: Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. 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. 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. Criteria for use of trigger point injections are as follows: (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. In this case documentation does not support the presence of trigger point injections with evidence of twitch response and referred pain. Criteria for trigger point injections have not been met. The request should not be authorized.