

Case Number:	CM15-0017828		
Date Assigned:	02/05/2015	Date of Injury:	07/31/2013
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 58 old female injured worker suffered and industrial injury on 7/31/2013. The diagnoses were cervical strain/sprain, sprain of the right shoulder and upper arm, lumbar sprain/strain and injury to the right median nerve. The diagnostic studies were cervical magnetic resonance imaging and electromyography. The treatments were medications, cervical pillow, trigger point injections and modified duty. The treating provider reported painful extension over cervical facet joints. The Utilization Review Determination on 1/20/2015 non-certified retrospective request of trigger point injections x 4, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro trigger point injections-neck region (dos: 11/25/14) qty: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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. MTUS lists the criteria for Trigger Points: (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 medical documents do meet some criteria for trigger point injections per MTUS. The records fail to document evidence upon palpation of a twitch response as well as referred pain. Also, the records state that the previous injections have helped her but it fails to document a 50% improvement in her symptoms. As such, the request for Retro trigger point injections x 4 office 11-25-14 is not medically necessary.