

Case Number:	CM15-0115477		
Date Assigned:	06/23/2015	Date of Injury:	01/23/2009
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old female who sustained an industrial injury on 1/23/2009 resulting in headache and neck pain, nausea, photophobia, phonophobia, insomnia, neuropathy, and reduced range of motion including difficulties with activities of daily living. The injured worker was diagnosed with migraine without aura, muscle spasm, chronic pain syndrome and cervicgia. Treatment has included Demerol and Phenergen injections, H-wave machine, pain and anti-seizure medications, and arthroplasty with fusion on the cervical spine. Some pain relief and improvement in functionality is noted with use of medication. She continues to report pain and severe migraine headaches, which often keep her from working. The treating physician's plan of care includes 8 trigger point injections; left rhomboid, trapezius and paraspinal muscles. The injured worker continues to work as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection at the left rhomboid, trapezius and paraspinal muscles x 8: 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: The claimant sustained a work injury in January 2009 and continues to be treated for neck pain and headaches. When seen, pain was rated at 5/10 with medications. There was cervical spine tenderness with trapezius muscle spasms. There was hypersensitivity over the left trapezius. She had severe occipital tenderness. There was decreased cervical spine range of motion. Authorization for trigger point injections was requested. Trigger point injections had been performed monthly from July 2014 through December 2014. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection. In this case, the claimant was receiving monthly trigger point injections in 2014 and her response, even with these treatments being performed at an excessive frequency, was not documented when this request was made. It was not medically necessary. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and a trigger point injection was not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A series of planned trigger point injections would therefore also not be considered medically necessary.