

Case Number:	CM15-0118274		
Date Assigned:	06/26/2015	Date of Injury:	09/08/2012
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on 9/08/2012. Diagnoses include history of metacarpus fracture, right greater than left knee status post surgery 4/2014 and 9/2014, trigger finger, poor coping, left hand status post surgery 2012, right hand sprain/strain, history nasal fracture/dental 3/07/2013, cervical degenerative disc disease , lumbar degenerative disc disease and stenosis. Treatment to date has included surgical intervention (left knee arthroscopy (undated) and right knee arthroscopy with lateral release on 9/22/2014), physical therapy, TENS unit and medications including Diclofenac, Cyclobenzaprine, Omeprazole, LidoPro, Tramadol and Bupropion. Per the Primary Treating Physician's Progress Report dated 5/13/2015, the injured worker reported knee, hand, back and neck pain. He reported headaches and poor memory. Physical examination documented a stable mood and no constipation. Cervical traction trial was completed, with decreased headache and pain and improved range of motion. The plan of care included trigger point injections, diagnostics, continuation of TENS unit and home exercises, referral for specialist consultations and medications. Authorization was requested for trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Trigger Point Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injection is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicalgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three-four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are metacarpus fracture; right greater than left knee status post surgery; trigger finger; poor coping; left-hand status post surgery 2012; right hand sprain strain; history of nasal fracture; cervical DDD; lumbar DDD, stenosis. Subjectively, the injured worker complains of knee and hand pain and back and neck pain. There are headaches and memory is poor objectively, the injured worker has an abnormal gait and is alert. There are no other physical findings noted in the progress note. There are no circumscribed trigger points with evidence upon palpation of a twitch response. There is no physical examination of the lumbar spine and related muscle groups. The treatment plan indicated her to point injections may help, but there is no clinical rationale to support their use. Consequently, absent clinical documentation of circumscribed trigger points, an examination of the lumbar spine and related muscle groups and the specific area to be injected, trigger point injection(s) is not medically necessary.