

Case Number:	CM15-0123254		
Date Assigned:	07/07/2015	Date of Injury:	08/05/1991
Decision Date:	09/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 8-05-1991. Diagnoses include lumbar post laminectomy syndrome, cervical spondylosis without myelopathy, reflex sympathetic dystrophy of upper limb, and fasciitis. Treatment to date has included surgical intervention as well as conservative treatment including medications and injections. Current medications include Ambien, Vicoprofen, Valium, Soma, Oxycontin and Percocet. Per the Primary Treating Physician's Progress Report dated 4-22-2015, the injured worker reported neck pain and lower back pain. She reports that the medications she takes are effective and she is not experiencing side effects. She is requesting a refill. Physical examination revealed a normal balance and gait. She is described as in no acute distress. An examination of the back is not documented. She received bilateral multiple trigger point injections at this visit for mixed axial and radicular back pain. The plan of care included magnetic resonance imaging (MRI), trigger point injections and continuation of medications. Authorization was requested for 10 trigger point injections to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Trigger Point injections to neck: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Trigger Points Injections.

Decision rationale: The patient was injured on 08/05/91 and presents with axial/radicular back pain and axial/radicular neck pain. The request is for 10 TRIGGER POINT INJECTIONS TO NECK. There is no RFA provided and the patient's current work status is not provided. The patient had a prior trigger point injection to the cervical spine on 01/22/15, 02/24/15, 03/24/15, and 04/22/15. MTUS Guidelines, Trigger Point Injection, page 122, states that "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." ODG Guidelines, Neck and Upper Back Chapter, under Trigger Points Injections states the following: "Not recommended in the absence of myofascial pain syndrome. See the pain chapter for criteria for the use of trigger point injections. The effectiveness of trigger point injection 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; maybe appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia." The patient is diagnosed with lumbar post laminectomy syndrome, cervical spondylosis without myelopathy, reflex sympathetic dystrophy of upper limb, and fasciitis. Treatment to date has included surgical intervention as well as conservative treatment including medications and injections. The patient had a prior trigger point injection to the cervical spine on 01/22/15, 02/24/15, 03/24/15, and 04/22/15. On 01/22/15, the patient "reported moderate relief of pain in their neck & shoulders." On 02/24/15, the "patient reported significant relief of pain." The 03/24/15 report states that the "patient reports increase neck pain since the last injection. Patient states she received some pain relief but about a week ago neck pain and headaches returned." The 03/24/15 report states that "the patient reported significant relief of pain in their neck & shoulder." There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. Furthermore, the patient presents with radiculopathy which is not indicated by MTUS guidelines. The request does not meet guideline criteria. The requested 10 trigger point injections to the neck IS NOT medically necessary.