

Case Number:	CM15-0128710		
Date Assigned:	07/15/2015	Date of Injury:	01/01/2000
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 1/01/2000. Diagnoses include myofascial pain syndrome, low back pain and neck pain. Treatment to date has included a trigger point injection on 5/15/2015 and medications including Tramadol, Trazodone, Cyclobenzaprine, Diazepam, Acyclovir, Hydrocodone/APAP, Alendronate sodium and Lidocaine ointment. Per the Primary Treating Physician's Progress Report dated 2/12/2015, the injured worker reported neck pain and back pain rated as 6/10 in severity. Physical examination revealed tight ropy muscles and tenderness to palpation of the bilateral trapezius muscles. The plan of care included medication management and a trigger point injection. Authorization was requested for bilateral trapezius trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 trigger point injections at bilateral trapezius muscles: 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: MTUS Guidelines have very specific requirements for trigger point injections (TPI) These include symptoms greater than 3 months, documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain," and failure of medical management (PT, NSAIDs, muscle relaxants) to control pain. No repeat injections are recommended unless greater than 50% pain relief is achieved for at least 6 weeks. In this case, there is no documentation of significant changes in functional improvement or pain relief or ability to decrease medications. Therefore, the request is not medically necessary or appropriate at this time.