

Case Number:	CM15-0170775		
Date Assigned:	09/11/2015	Date of Injury:	07/02/1999
Decision Date:	10/20/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old female, who sustained an industrial injury on 7-02-1999. The injured worker was diagnosed as having genetic torsion dystonia, myalgia and myositis, unspecified, panic disorder without agoraphobia, and generalized anxiety disorder. Treatment to date has included diagnostics, unspecified trigger point injections, and medications. Currently (7-14-2015), the injured worker complains of "not doing well", noting multiple marked painful trigger points developing in her neck and upper back. She reported "a lot of knots in the right side of her neck". She continued to do well with her depressive symptomatology on current medications. Pain was rated 5-6 out of 10 with medications and 7-8 without, noting the use of Norco 1-2 per day. Other medications included Dextroamphetamine, Klonopin, Lyrica, Prozac, Savella, Soma, Terocin patch, and Trazodone. It was also noted that she worsened since discontinuing Savella and Lyrica. It was documented that she continued to work full time and her occupation was documented as "disabled". Physical exam noted cervical spine process tenderness to palpation with bilateral trapezius spasm, multiple banded trigger points in the cervical paraspinous region, right greater than left trapezius rhomboideus major and minor. It was documented that trigger point injections were helpful in the past, "over 6 months ago". The treatment plan included 10 trigger point injections for the neck, non-certified by Utilization Review on 7-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten PTI (Trigger Point Injection) for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

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 requested number of injections is in excess of the guideline recommendations of 3-4 injections per session. As such, the request for Ten PTI (Trigger Point Injection) for the neck is not medically necessary.