

Case Number:	CM15-0172482		
Date Assigned:	09/14/2015	Date of Injury:	01/26/1989
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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 58 year old female, who sustained an industrial injury on January 26, 1989. On January 29, 2015 the injured worker complained of "some more pain even in the trapezius muscle where the scar is and wanted to see about getting a trigger point injection." The evaluating physician noted that the injured worker is satisfied with the treatment she was receiving and does not feel dependent on medications. She is satisfied with her activity level and medication treatment. The evaluating physician noted that the only change in her pain is increased scar tissue and myofascial pain of the right trapezius muscle which is related to her reflex sympathetic dystrophy. Her medications include Percocet, morphine, and morphine pain cream. She rated her pain a 7-8 on a 10-point scale on the day of evaluation. The physical examination documented on January 29, 2015 did not include an evaluation of her trapezius muscle. The injured worker was diagnosed as having reflex sympathetic dystrophy in the bilateral upper extremities and scar neuroma. Treatment to date has included opioid medications. A request for authorization for a trigger point injection of the trapezius muscle was received on August 19, 2015. The Utilization Review physician determined on August 26, 2015 that trigger point injection of the trapezius muscle is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection of Trapezius Muscle: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injection of trapezius muscle 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 chronic low back pain; reflex sympathetic dystrophy bilateral upper and lower extremities; lumbar/thoracic radiculopathy; osteoarthritis hips; Raynaud's syndrome; scar neuroma; bilateral hip pain; bilateral hand and wrist pain; and carpal tunnel syndrome. Date of injury is January 26, 1989. Request for authorization is dated August 19, 2015. According to a July 29, 2015 progress note, subjective complaints include chronic low back pain with lower extremity radiculopathy left greater than right. The worker would like a trigger point injection at the scar site overlying the trapezius. Objectively, there are no circumscribed trigger points documented on physical examination. Trigger point injections are not indicated for scars. Based on the clinical documentation, peer-reviewed evidence-based guidelines and no documentation with physical examination evidence of trigger point injections with evidence of palpation of a twitch response, trigger point injection of trapezius muscle is not medically necessary.