

Case Number:	CM15-0024445		
Date Assigned:	02/17/2015	Date of Injury:	02/16/2001
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old male who reported injury on 02/16/2001. The mechanism of injury was picking up a heavy pipe. The injured worker was noted to be status post cervical fusion surgeries. There was a Request for Authorization submitted for review dated 01/21/2015. The documentation of 01/06/2015 revealed the injured worker had a pain level of 8/10 without medication and with medications it was 6/10. The injured worker complained of constipation, even with Amitiza, MiraLAX and docusate. The injured worker was noted to have tenderness to palpation in the cervical paraspinal muscles with decreased neck range of motion and a cervical scar that was noted. The diagnoses included cervical radiculopathy and insomnia due to pain. The treatment plan included medications of docusate sodium 250 mg, Klonopin 0.5 mg, Lunesta 3 mg, Pristiq 50 mg, Amitiza 24 mcg, MiraLAX, ibuprofen 800 mg and Norco 10/325 mg, as well as Oxycontin 20 mg for baseline pain control. Additionally, the request was made for trigger point injections in the bilateral trapezius and rhomboid muscle for myofascial pain, as well as a cervical epidural steroid 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 Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. Criteria for the use of trigger point injections include: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Radiculopathy is not present (by exam, imaging, or neuro-testing). The clinical documentation submitted for review failed to indicate the injured worker had circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was a lack of documentation indicating symptoms had persisted for more than 3 months and that medication management therapies had failed. There was a lack of documentation of an objective examination, including myotomal and dermatomal findings, to support the injured worker had non-radicular pain. The request as submitted failed to indicate the body part and quantity of the trigger point injections. Given the above, the request for trigger point injection is not medically necessary.