

Case Number:	CM15-0061119		
Date Assigned:	04/07/2015	Date of Injury:	03/07/2014
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female who sustained an industrial injury on 3/7/14. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having cervical degenerative disc disease, cervical spondylosis, cervical strain/sprain, and spasms of muscle. Treatments to date have included acupuncture treatment, chiropractic treatments, physical therapy, oral pain medication, status post arthroscopic meniscectomy, non-steroidal anti-inflammatory drugs, heat/ice application and activity modification. Currently, the injured worker complains of neck and back pain. The plan of care was for trigger point injections and a follow up appointment at a later date. The contested treatment is for trigger point injections, thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injections, Thoracic (x4): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Trigger Point Injections (TPIs).

Decision rationale: According to MTUS guidelines, Trigger Point Injections (TPIs) are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. They are not recommended for radicular pain or fibromyalgia. ODG has similar recommendations, and also states that the primary goal of trigger point therapy is the short-term relief of muscle pain and tightness in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. TPIs are generally considered an adjunct rather than a primary form of treatment and should not be offered as either a primary or a sole treatment modality. Both MTUS and ODG define trigger points as "a hyperirritable foci located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band." MTUS/ODG criteria applicable for this case include: (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) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended. The medical documentation does appear to meet some of the above criteria, and the patient does have a diagnosis of myofascial pain. The treatment physician has detailed focal points of tenderness with increased tone but no twitch response. Symptoms appear to have exceeded three months, although these specific symptoms have only recently been documented as meeting trigger point definition. Radiculopathy does not appear to be present on exam. However, there one important criteria that is not met. Medical and other conservative therapies are not detailed to have failed, as physical therapy is continuing to occur and appears to be helping. There is no additional information as to why invasive therapies are necessary at this point. Therefore, the request for trigger point injection, thoracic x4, is not medically necessary at this time.