

Case Number:	CM15-0063327		
Date Assigned:	04/09/2015	Date of Injury:	02/20/2013
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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, Hawaii

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 61 year old female, who sustained an industrial injury on 02/20/2013. She has reported injury to the neck, shoulder, and back. The diagnoses have included chronic pain syndrome; low back pain; degeneration of intervertebral disc; and rotator cuff syndrome. Treatment to date has included medications, diagnostics, heat/ice, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, and physical therapy. Medications have included Diclofenac ER, Diazepam, and Tizanidine. A progress note from the treating physician, dated 03/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of significant pain involving her neck, shoulder, and back; pain limits mobility; pain is rated 8-9/10 on the visual analog scale; and gets about 60% pain relief with the use of her medications. Objective findings included moderate to severe distress due to right shoulder pain; tenderness around the rotator cuff muscles of the right shoulder with decreased range of motion; and she has multiple trigger points along the rotator cuff muscles, levator scapula, trapezius, and cervical paraspinal muscles. The treatment plan has included the request for trigger point injections x4, cervical, per 03/05/15 exam note, quantity 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS X4, CERVICAL, PER 03/05/15 EXAM NOTE QTY 4:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

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 treating physician has provided clinical evidence of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The medical notes do specify the number of injections that the patient will receive per session or the interval. The number of injections is required to determine if MTUS guidelines are met. As such, the request for TRIGGER POINT INJECTIONS X4, CERVICAL, PER 03/05/15 EXAM NOTE QTY 4 is medically necessary.