

Case Number:	CM15-0063719		
Date Assigned:	04/09/2015	Date of Injury:	06/15/1981
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 6/15/1981. She reported injury to her back while lifting a railroad tie. The injured worker was diagnosed as having chronic pain syndrome, lumbar post-laminectomy syndrome, depressive disorder, headache, neck pain, cervical and thoracic spondylosis without myelopathy, and cervical radiculopathy. Treatment to date has included lumbar surgery in 2010, spinal cord stimulator, and medications. On 2/09/2015, the injured worker complains of back pain, rated 5/10 with medication use and 8/10 without. Tenderness to palpation to the right upper trapezius, with active trigger points, was noted. The treatment plan included trigger point injections to the right upper trapezius and rhomboid areas, noting good relief with the procedure in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection to Upper Trapezius and Rhomboid Area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: Based on the 04/06/15 progress report provided by treating physician, the patient presents with neck pain that radiates to left arm, and upper, middle and low back pain that radiates to bilateral lower extremities. The request is for TRIGGER POINT INJECTION TO UPPER TRAPEZIUS AND RHOMBOID AREA. Patient is status post left sided partial decompressive laminectomy at L3-L5 in 2010. Patient's diagnosis per Request for Authorization form dated 03/03/15 includes myalgia and myositis, unspecified. Treatment to date included surgery, spinal cord stimulator implant, and medications. Patient's medications include Norco and Neurontin. MTUS Guidelines, page 122, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Per progress report dated 02/09/15 and 04/06/15, treater states the patient's "last cervical RFA was over a year ago and it is still helpful for her neck pain and her headaches. She has also responded well to trigger point injections in the left upper trapezius area." In this case, patient presents with radicular symptoms, which are not indicated for requested procedure, according to MTUS. Furthermore, there is no documentation of trigger points upon palpation or twitch response in physical exam findings. Given the lack clinical evidence to support trigger point injection, this request IS NOT medically necessary.