MAXIMUS Federal Services

Case Number:	CM15-0065011		
Date Assigned:	04/13/2015	Date of Injury:	02/11/2010
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 63-year-old male, who sustained an industrial injury on February 11, 2010. The injured worker was diagnosed as having myofascial pain syndrome, cervical radiculopathy, and cervical sprain. Treatment to date has included an MRI, a home exercise program, and medications including topical pain, muscle relaxant, and anti-epilepsy. On February 25, 2015, the injured worker complains of increased lumbar spine pain with some right buttock numbness and acute muscle spasms of the area. He is not working currently. Once or twice a week he does his home exercise program. In addition, he complains of pain of the left ankle, cervical spine, and thoracic spine. The physical exam revealed positive right lumbar spinal muscle trigger points with spasms, decreased range of motion of the back in all planes, decreased sensation and strength of the right shoulder, and positive for scars on the right shoulder and ankle. The treatment plan includes the administration of 4 trigger point injections in the paraspinal muscles with 1% Lidocaine and Kenalog.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 trigger point injections to the paraspinal muscles: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guides- shoulder, trigger point injectons.

Decision rationale: The medical records report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection 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. As the medical records demonstrate trigger points on exam not responsive to her conservative treatment, ODG guidelines support trigger point injections in this case. The request is medically necessary.

1% lidocaine and kenalog for trigger point injections: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guides- shoulder, trigger point injectons.

Decision rationale: The medical records report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection 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. As the medical records demonstrate trigger points on exam not responsive to her conservative treatment, ODG guidelines support trigger point injections in this case. The request is medically necessary.