

Case Number:	CM15-0068128		
Date Assigned:	04/15/2015	Date of Injury:	07/14/2003
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/10/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 07/14/2003. She has reported injury to the neck and low back. The diagnoses have included cervical radiculitis; cervical spondylosis; status post anterior cervical discectomy and C3 through C7 fusion; lumbar stenosis; and lumbar spondylosis. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Oxycodone, Fentanyl patch, Amrix, and Topamax. A progress note from the treating physician, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased cervical spine pain; increased lumbar pain with right lower extremity radiation; and good response from the occipital nerve block at the prior visit. Objective findings included diffuse tenderness over the posterior cervical region; significant tenderness to palpation with a number of identifiable trigger points in the paraspinal musculature with radiation to the trapezius and base of the skull; diffuse tenderness to palpation in the paralumbar region with muscle spasm and trigger points in multiple locations; and positive lumbar facet load. The treatment plan has included the request for trigger point injections, paralumbar (retrospective date of service 02/25/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, paralumbar (retrospective date of service 02/25/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 122.

Decision rationale: CA MTUS guidelines state that trigger point injections are an option for the treatment of myofascial pain, with little evidence existing for lasting value. Trigger point injections are not recommended for use in radicular pain. The addition of a corticosteroid to the local anesthetic is not recommended. Trigger points may be present in 33-50 % of the adult population. Trigger point injection may be necessary for function in patients with myofascial trigger points when present on exam in conjunction with myofascial pain syndrome. Trigger point injections are not recommended for use in fibromyalgia or in typical back or neck pain. Criteria for use includes documentation of trigger points with both twitch response and referred pain on palpation, symptoms present for at least three months, documentation of trial of conservative therapies, no radicular symptoms present, no more than 3-4 injections per session at intervals no closer than 2 months, repeat trigger point injections should be used only when a 50% reduction in pain accompanied by improved functional status and no substance other than local anesthetic should be used as the injecting solution. In this case, there is no documentation of 50 % or greater improvement in pain or of improved functional status in the submitted medical records. Trigger point injection is not medically indicated. The request IS NOT medically necessary.