

Case Number:	CM15-0076464		
Date Assigned:	04/28/2015	Date of Injury:	04/18/2000
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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:

This 57-year-old female sustained an industrial injury to the head, neck, back, bilateral arms, right shoulder, right leg and right hip on 4/18/00. Previous treatment included magnetic resonance imaging, cervical fusion, trigger point injections, home exercise and medications. In a PR-2 dated 3/17/15, the injured worker complained of constant, achy, cervicgia numbness to bilateral arms and hands and increasing mid back pain. The injured worker stated that trigger point injections and injections helped with pain and enabled her to decrease usage of pain medications. Current diagnoses included myofascial pain, cervical disc injury status post cervical fusion, and bilateral carpal tunnel syndrome and right greater trochanteric bursitis. The treatment plan included medications (Mobic, Norco and Drill), continuing home exercise and gym workouts and requesting trigger point injections to be performed at the next office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections - thoracic qty : 3: Overturned

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
TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The patient presents with neck and mid back pain. There is constant, achy, cervicalgia numbness in the bilateral arms and hands. The request is for TRIGGER POINT INJECTIONS-THORACIC QTY: 3. the provided RFA is dated 03/19/15 and the date of injury is 04/18/00. The diagnoses include myofascial pain, cervical disc injury status post cervical fusion, and bilateral carpal tunnel syndrome and right greater trochanteric bursitis. Per 03/17/15 report, physical examination revealed tenderness to palpation over the bilateral cervical and thoracic paraspinals as well as bilateral trapezii on the right greater than left. Patient has several spots that elicit a twitch response and referral to pain, suggestive of trigger points. Previous treatment included magnetic resonance imaging, cervical fusion, trigger point injections, home exercise and medications. Medications include Norco, Mobic and Drill. The patient is currently working. 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. Frequency should not be at an interval less than two months." Per 03/17/15 requesting report, treater states, "Patient states the [prior] trigger point and injections help with the pain tremendously and has enabled her to decrease the amount of pain medications she takes." The patient underwent previous trigger point injections on 10/28/14 and per 12/18/14 report, treater reported, "She did receive TPI's at her last visit which greatly decreased her pain about 75%. She has been using less medication and does not need a refill this visit." In this case, the repeat injections appear appropriate as the patient has non-radicular pain with "several spots that elicit twitch response," and treater has documented pain relief from prior injections. While the request is for 3 injections, MTUS recommends a "maximum of 3-4 per session". Therefore, the request IS medically necessary.

Trigger point injections - cervical paraspinals qty: 3: Overturned

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
TRIGGER POINT INJECTION Page(s): 122.

Decision rationale: The patient presents with neck and mid back pain. There is constant, achy, cervicalgia numbness in the bilateral arms and hands. The request is for TRIGGER POINT INJECTIONS-CERVICAL PARASPINALS QTY: 3. the provided RFA is dated 03/19/15 and the date of injury is 04/18/00. The diagnoses include myofascial pain, cervical disc injury status post cervical fusion, and bilateral carpal tunnel syndrome and right greater trochanteric bursitis. Per 03/17/15 report, physical examination revealed tenderness to palpation over the bilateral cervical and thoracic paraspinals as well as bilateral trapezii on the right greater than left. Patient has several spots that elicit a twitch response and referral to pain, suggestive of trigger points. Previous treatment included magnetic resonance imaging, cervical fusion, trigger point

injections, home exercise and medications. Medications include Norco, Mobic and Drill. The patient is currently working. 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. Frequency should not be at an interval less than two months." Per 03/17/15 requesting report, treater states, "Patient states the [prior] trigger point and injections help with the pain tremendously and has enabled her to decrease the amount of pain medications she takes." The patient underwent previous trigger point injections on 10/28/14 and per 12/18/14 report, treater reported, and "She did receive TPI's at her last visit which greatly decreased her pain about 75%. She has been using less medication and does not need a refill this visit." In this case, the repeat injections appear appropriate as the patient has non-radicular pain with "several spots that elicit twitch response," and treater has documented pain relief from prior injections. While the request is for 3 injections, MTUS recommends a "maximum of 3-4 per session". Therefore, the request IS medically necessary.