

Case Number:	CM15-0099705		
Date Assigned:	06/02/2015	Date of Injury:	03/04/2014
Decision Date:	07/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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: Pennsylvania, Ohio, 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 29-year-old male who sustained an industrial injury on 03/04/2014. Current diagnoses include assault and myofasciitis. Previous treatments included medications, trigger point injections, and physical therapy. Initial injuries included the right jaw after being assaulted while working. Report dated 04/20/2015 noted that the injured worker presented with complaints that included myofascial tension extending to the temporal mandibular joint, sharp pain in the jaw, and headaches. Pain level was 4-7 out of 10 on a visual analog scale (VAS). Physical examination was positive for right temporal mandibular joint tenderness, tenderness in myofascial trigger points with twitch response, occiput and posterior cervical muscle tenderness, and muscle spasms in the upper rib, scalenes, trapezei and scapulae. The treatment plan included requests for trigger point injections, continue medications as prescribed, and follow up in one week. It was noted that prior trigger point injections decreased pain by 50% from the prior trigger point injections on 03/18/2015. Disputed treatments include trigger point injections (levator scapula/trapezius/rhomboid muscles) every 6-8 weeks (total weeks) Qty: 24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections (levator scapula/trapezius/rhomboid muscles) every 6-8 weeks (total weeks) Qty: 24: 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 Trigger Point Injections Page(s): 122.

Decision rationale: MTUS recommends repeat trigger point injections no more often than every 2 months and only if there is clear documentation of both 50% reduction of pain for 6 weeks and objective evidence of clinical improvement. Thus, MTUS would not recommend repeat injections as often as every 6 weeks; additionally MTUS would not recommend repeat trigger point injections without clear documentation of the defined benefit from prior injections. Thus, this request is not medically necessary.