

Case Number:	CM14-0124486		
Date Assigned:	08/08/2014	Date of Injury:	12/21/1995
Decision Date:	08/31/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/06/2014

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: Emergency Medicine

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 61 year old female with an industrial injury dated 12-21-1995. Her diagnoses included spinal sprain with diffuse myofascial pain syndrome. Comorbid conditions included diabetes and medications for high cholesterol. She presents on 06-12-2014 with complaints of diffuse muscle pain rated as 8 out of 10. "She would like trigger point injections." Physical exam noted the injured worker appeared more depressed. Diffuse tender trigger points over the neck, posterior shoulders and low back with muscle twitch points was noted. The treatment request is for 4 trigger point injections for date of service 6/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger point injections for date of service 6/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page 122 Page(s): 122.

Decision rationale: The requested 4 Trigger point injections for date of service 6/12/14, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker stated that "She would like trigger point injections." Physical exam noted the injured worker appeared more depressed. Diffuse tender trigger points over the neck, posterior shoulders and low back with muscle twitch points was noted. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, 4 Trigger point injections for date of service 6/12/14 is not medically necessary.